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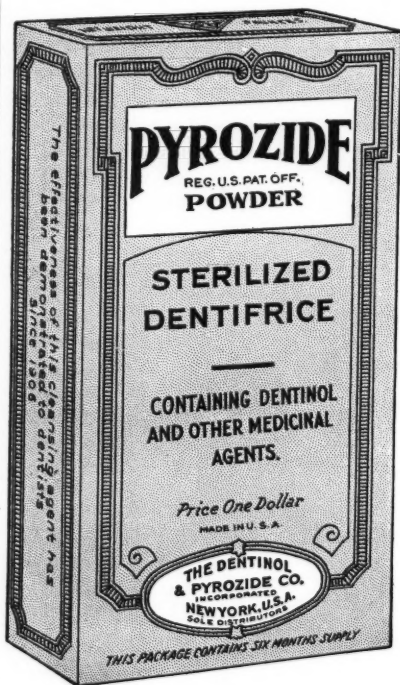
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JANUARY 1930

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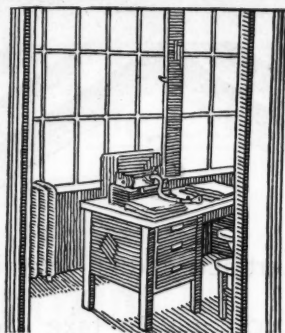
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Chicago

THE
Publisher's

No. 102



C O R N E R

By Mass

AS a person who is in the habit of rooting himself to the spot when signs are being painted, loving to watch the sure strokes of the painter, loving the slish and plop of the brush, this busy publisher has just about left off publishing this afternoon while the CORNER walls are receiving their priming coat.

Last week a new CORNER was built here at the ORAL HYGIENE office because the old one got so full of a number of things that it seemed easier to move to the other side of the building than to try to do anything with the accumulation.

Ted Christian, and Jack Downes, new staff-member, have fallen heir to my old office and all within it. They wanted to know what to do about all within it. "This," I said, "is your office now and if I knew what to do about all these things in here I wouldn't have moved."

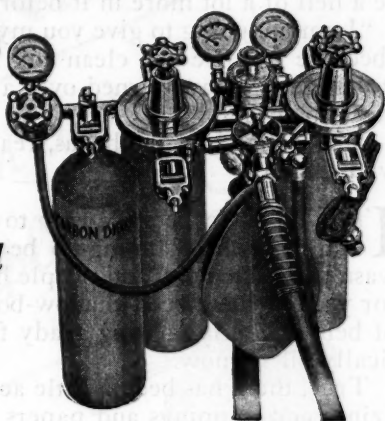
"These magazines and papers—" started Ted, pointing at a chairful.

"— are in your office now," I continued, with the admonition that nothing must be thrown away because I might need almost anything in there some time.

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"Well," said Jack, as I went out, "I hope you never get big-hearted and give us your new office because it is so much larger than this one and there'll be a hell of a lot more in it before long."

"I am not going to give you my new office," I said, "because it's nice and clean and I am going to keep it that way. I have turned over a new leaf. I am going to be orderly."

"Yes," they said in chorus, realizing that I meant what I said.

IT is going to be very easy to be orderly because I have been planning to be for so long. Rome wasn't built in a day and people haven't realized that for years I have been shadow-boxing with this idea of being orderly, getting ready for it, and am practically all set now.

True, there has been a little accumulation of magazines and clippings and papers of one sort and another since I moved in here Monday but presently I will get at it and organize things so that everything will have a place and be in it.

There will be a place for magazines I might want some time, and a cross-indexed file for clippings and other odds and ends and all that sort of thing. Everything will be in apple-pie order. Nothing will be piled on chairs or on the radiator or on the floor. Before long I will get started on it. I intended to this afternoon but there is this painting.

PAUL ADAMS, the novel by S. J. Horn, looks interesting and I am sure dentists will enjoy it. I haven't finished it yet but didn't want to wait longer to say something here in the CORNER about it.

It is fascinating to read a book about many of the intimate things you encounter in your daily life and novels heroed by dentists don't occupy much space on the nation's bookshelves, so this one by Mr. Horn is very welcome. Paul Adams "catapulted himself

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in *Keystone Topics*, the athletic club paper here:

Guess we're allowed one story: and this is a true report—so help me Hannah. M. is a Keystoner in good standing; name on request, if you insist. Being connected all these years with the dental profession—in an advisory capacity, denture know—his only reaction to the word “bridge” was a vague idea that it had something to do with profits. When we finally impressed him with the extreme gravity of the situation, as it may affect his family and his future, he agreed to take a couple of hours away from the office in order to master the game. We arranged a table of safely understanding friends. Through a long evening the cards were dealt, face up; bid and play explained in greatest detail; each intricacy made clear as the conditions developed. M., with splendid concentration, listened and nodded his understanding in following through the most complicated combinations. We congratulated ourselves. We congratulated M., and triumphantly wanted to know as the party was breaking up—“Well, don't you think you're going to enjoy bridge now?”

M., agreed, “Yes, I get the idea and I think I'm going to extract a great deal of pleasure from it. But there's just one point that still baffles me.”

Question—“And what's that?”

M. (for posterity)—“Well I understand the bidding and the play and all that. But, tell me, how do you know what's trump?”

Ellsworth Geist, former staff-member, spotted the item and sent a letter designed to be helpful:

I am elated because of your progress in bridge. The shape and color of the spots on the cards (front side) indicate the difference in the suits. The more spots there are, the bigger the card (except that the biggest card has the least spots). With your mental agility it should all be easy.

Which is all very well in a manner of speaking, but how *do* you know what's trump?

Best thanks to CORNER-customer Dr. Wilfred R. Fleisher for an encouraging comment and to Dr. M. E. Asger, Hong Kong, China, for a beautiful Chinese parchment scroll to hang on the CORNER wall.

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It is just because the new Fischer "DentalX" unit solves all these problems; because it is so extremely simple and efficient, and because its price is easily within the reach of every dentist, no matter where located, that this machine is today being acclaimed by dentists, everywhere throughout the country.

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into the world of dentistry with his youthful convictions and untried purposes aflame"—the very world of dentistry in which ORAL HYGIENE readers live their lives.

IF there's anything prettier than a brushful of dark paint sliding true—with never a slurp onto the light paint alongside—I don't know what it is.

JUST for this month, ORAL HYGIENE's cover departs from the customary style, carrying a drawing from the facile hand of Fred Lewis, who has been a dental man for many years. Fred did those sketches for the Washington meeting story in November and his work will be found within the book frequently during 1930. The seven-color covers start again next month.

After nearly fourteen years as art-arbiter in this office, I have finally been convinced that, knowing nothing about art, I can relinquish this function without any harm coming to ORAL HYGIENE. So now James Kaufman has joined us and will hereafter administer, among other things, this phase of our activities, giving me more time to watch painters.

HOW I hate bridge, or cards of any sort. It isn't that I regard cards as the Devil's Tickets or anything like that; I just hate 'em, that's all—just as some people hate spinach.

For some reason I can't fathom, numerous friends try to teach me bridge, and, being a long-suffering, docile soul I often submit to the ordeal, and all the tiresome talk of finessing and doubling and redoubling and informative bids—and all the damned post-mortems.

My case has become one of the local civic problems through Joe Allen reporting a recent incident

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Twentieth Year

JANUARY 1930

Volume 20, Number 1



Courtesy of The New Yorker and Mary Petty.

"Oh, Ruth, lay out my Elk's tooth too, will you?"

TEETH...and CRIME

Alfred I. Cooke, Los Angeles, Calif.

AT first thought there appears little or no connection between teeth and the *commission* of crime. Does a man kill because he has a bad tooth? Does a bandit stage a hold-up because he had the toothache last month? Science says it is possible.

Of course, teeth have long been recognized as being of the utmost importance as clues in tracing criminals. They are as individual as fingerprints.

Teeth, too, are equally valuable in identifying bodies where all other means have failed. In September 1929, for instance, a retired physician was sentenced to San Quentin prison for life for the slaying of Mrs. Laura B. Sutton, whose body was identified by her teeth after every other known method had failed.

But the study of teeth in criminology has had more valuable results than the mere apprehension of criminals, or the identification of slain people. It has led to the discovery that teeth—that is, defective teeth—are sometimes the *cause* of crime, and that by the correction of the defects, much crime can be prevented.

The average dentist hardly thinks that he is taking an active part in crime-prevention as he performs his daily tasks, yet he is! This is obvious when

you consider the fact that a person with a healthy mind and a healthy body seldom knowingly or willingly commits crime. It is the diseased mind, or the mind affected by a diseased body, that conceives diseased actions—for that is what crimes are!

Dr. William J. Mayer, noted criminologist, and ex-prison surgeon to Westchester County jail, spent thirty years in the study of criminals. Thirteen of those years he was a prison surgeon, and during that period nearly forty thousand persons passed under his personal observation. He found that eighty-five per cent were defective in mind or body, such defects being largely, if not wholly, responsible for the crimes committed. He diagnosed medical and surgical conditions that were recognized as either direct or indirect causes of the prisoners' crimes—and his research showed that in close to two thousand cases defective teeth were largely to blame!

Two thousand cases! And only one prison! Imagine what a tremendous total there would be if you took into consideration all the prisons in the country!

That is what only one man with vision found out, and having vision, he followed up his research work by endeavoring to persuade the authorities

Prison Surgeon finds two thousand crimes resulting mainly from defective teeth.

to give the criminal a chance in the hospital and the dentist's chair, instead of merely consigning him to prison for a set period of time.

A dentist's work may be exceedingly unpleasant at times, but it is very encouraging to

know that the modern dentist is doing a much greater work than simply "fixing up bad teeth." He is helping to eliminate crime and criminals, and by so doing is aiding in the building of a better and greater nation of law-abiding people.



*It is the diseased mind, or the mind affected by a diseased body,
that conceives diseased actions.*

The Third Latin-American Dental



Luiz Hermann, Jr.

THE 3rd Latin-American Dental Congress held in Rio de Janeiro during the third week of July, 1929, has passed into history. It has passed, but it will be remembered as a milestone in the development of dentistry, and particularly of dentistry in South America. The transactions of this noteworthy gathering have not as yet reached us. It is, therefore, not possible at this moment to report on the scientific achievements of the convention and its significance for the Latin-American dental

profession in all that pertains to purely technical and scientific matters. From the news we have received, however, it may be stated without exaggeration that the 3rd Latin-American Dental Congress has been a brilliant success in the closer welding together of the profession of the Southern Continent, in the demonstration of the progress of dentistry, its importance for the general well-being of the human race, and in proof positive of the achievements of the industry which serves the dental profession.

The importance attached to this convention in Brazil itself may be estimated by the fact that *O Jornal*, the leading daily paper of Rio de Janeiro, devoted the full eight pages of the second section in its issue of July 27th exclusively to a profusely illustrated description of the exhibits which have imparted a particular splendor to the meeting. No greater, no more impressive publicity has ever been given to similar events in our own country.

The 3rd Latin-American Congress, says *O Jornal*, has drawn attention to a professional activity whose importance is not yet duly appreciated by us. By the results of its clinical observations and by its scientific re-

and Dental Congress

search during recent years, may be judged the every day more irrefutably demonstrated importance of odontological questions from the point of view of the individual's general health. Many morbid conditions are interrelated with dental and oral affections. This Congress has shown not only the competency of the dental profession and the rapid strides with which it has kept abreast of the latest developments of dental science, but it has also shown the high perfection of the dental industry which supplies it with the fine instruments and variegated materials and helps that alone make possible the successful execution of its highly complex interventions.

In the minds of those who attended this memorable Congress there is doubt as to which of two men is worthy of the greatest praise: Prof. Frederico Eyer, President of the organizing committee of the convention, or Mr. Luiz Hermann, Jr., chairman of the executive committee in charge of the exhibits. Both of them are outstanding figures in the South-American dental world.

Prof. Eyer, the moving spirit behind the remarkable expansion of oral hygiene activities, is a man whose devotion to his



Prof. Frederico Eyer

profession and whose own ability as practitioner, lecturer, and organizer have made him a leader in his chosen field where achievements such as the creation of the Asistencia Dentaria Infantil of Rio de Janeiro have made his colleagues enthusiastic followers, who give their time and energies unstintingly to the good cause without fee or remuneration.

Mr. Hermann, head of a justly renowned dental supply house and himself an inspired layman, has done much to bring together, not only profession and trade, but also the mem-

bers of the dental professions of the different countries forming part of the great South American commonwealth. One of his many farsighted and liberal schemes is represented by the exchange and centralization of dental literature for the mutual benefit of the practitioners of all South American nations, organized by him several years ago.

If the team work and the ready sacrifice of two such men have already contributed a vast amount to the progress and the consolidation of Latin-American dentistry, its fruitful activities could not fail but make a brilliant success of the recent gathering of South American dentists.

The corps of officers of the Congress embraced some of the best talent in the profession. With Prof. Eyer and Mr. Hermann as chairmen of the Congress and the exhibit committees respectively, there were associated Dr. Alvaro Paes de Barros as General Secretary, Prof. Mandel F. V. Marinho as chairman of the Odontopedagogical section, Prof. A. Coelho E. Souza as chairman of the section on Books and Periodicals, Prof. Edmundo Velho Monteiro as chairman of the Jury Committee, and Mr. F. Edwards Krentel as Treasurer. Minister Lyra Castro was Honorary President.

A distinguished array of delegates from different countries graced the convention. A. Da Rosa Castro attended as official delegate of the Republic of Venezuela; the Brazilian delegate, Agnello Cerqueiro representing the Government of the Republic, was surrounded by other official Government delegates; R. Rinaldi Guerra of Venezuela together with Numa Zambrano as delegate from the United States of Venezuela, Francisco M. Pucci of Uruguay, Aristoteles Coutinho of Espirito Santo, Augusto S. Gramajo, the representative of the Army of Argentine together with Eduardo Gallego, President of the Argentine delegation, Eduardo T. Travieso of Uruguay and Hector A. Damonte as official delegate of the Uruguayan Government and of the Faculty of Dentistry of Montevideo, Victoriano Amoros as delegate of the National Congress of Education of Buenos Aires, and many others too numerous to mention. It is no exaggeration to say that here was a gathering of the elite of the South-American dental profession.

In a future issue ORAL HYGIENE will review the scientific transactions of this Congress, as soon as they are available.



What a Layman Thinks About It

By J. B. Clark, Montreal, Quebec, Canada

IS milk harmful to the teeth? The question seems a startling one, to a layman like myself at least, in view of the place milk holds as an article of diet for old and young alike and from the fact that nearly all authorities on dietetics agree as to its value. Signor Mussolini, the Italian Dictator, announced not long ago that milk formed one of his principal foods, and that he made a point of taking four glasses daily. He said he thought the nutriment in milk was too well known to allow of any comment, that it served mankind from the infant to the aged, and that it afforded the ordinary man practically all that he needed to fit him for his daily grind. He considered it a food sufficient for any eventuality, and there is little doubt that when he said this he expressed the opinion of the great mass of everyday men and women all over the world. And as far as the teeth are concerned most people have no doubt concluded that they are as safe drinking milk as drinking water—and perhaps even safer.

But this does not appear to be so, at any rate according to the opinion of Dr. J. Sim Wallace, D.Sc., M.D., L.D.S., of Harley Street, London, a spe-

cialist as well as a lecturer on preventive dentistry at King's College Hospital, London, England. Dr. Wallace passed through Montreal not long ago, and in the course of an interview with press representatives stated that milk was "excellent from a nutritive point of view, but hygienically deplorable, both in the mouth and probably also in the alimentary canal." The reason he gave was that it sticks about in the crevices of the teeth with the other carbohydrate foods and causes fermentation.

"Where you have a land flowing with milk and honey," said Dr. Wallace, "there you get enormous numbers of decayed teeth. In the past the poor in England had better teeth than the rich, but now the children of the rich are getting better teeth because the rich are now responding more to the new ideas and are paying attention to right food and feeding."

Speaking later on before the members of the Montreal Dental Society this specialist went after the scalps of those members of the medical profession who encourage milk diets for ordinary people, for prospective mothers, and for children, and indulged in some strong re-

marks about the "vitamine craze." "Another recommendation," he said, "showing the folly of basing a dietary for children on vitamic constructions is to be seen in the advocacy of milk and cereal food. This amounts to little more than prolonging the age of pap feeding, and the continuity of the shocking prevalence of the diseases of the teeth. The children in races like the Maori in New Zealand and the aborigines in Australia are never given cow's milk; and cereals, if eaten at all, are but a negligible part of their dietary, yet their teeth are unexcelled by any other race in the world with regard to freedom from caries.

"Surely by this time physicians might know that the hygiene of the mouth was not ministered to by milk, bread soaked in milk, milk puddings, and biscuits and milk. These and other like foods are examples of what should not be recommended to anyone having the slightest regard for the teeth or oral hygiene. It is lamentable to think that medical men are apparently still oblivious of the fact that a child of two and one-half years is almost invariably blessed with a full set of most excellent and efficient teeth, and that the craze for vitamins makes them imagine that a milk diet mixed with other highly fermentable carbohydrates can be plastered about the crevices of the teeth with-

out leading to the destruction of the natural denture."

This authority stated that in relatively wealthy countries, especially among the well-to-do, the diet of children consisted largely of milk, eggs, and butter, and their teeth were a disgrace to civilization. Vitality is inherent in all living tissues, and vitamins are not required to impart it. They only help to prevent bacteria and their toxins interfering with vitality. Except perhaps in the case of scurvy, Dr. Wallace said, the role of vitamins is only of academic interest, and so far as dentists are concerned of no practical importance whatever.

As regards prospective mothers Dr. Wallace did not believe that they should make any change from their usual diet but should continue as before. He recommended a mixed diet for everybody. As far as oral hygiene was concerned he objected strongly to the use of bread and marmalade or bread and jam as a wind-up to a meal, and laid it down that if soft, starchy, or sugary food has been eaten the mouth and teeth should be cleansed by food of a detergent nature such as fruits or nuts taken immediately after. He recommended three meals a day as sufficient, as the longer the interval between meals the more hygienic the state of the mouth and stomach would be. During the first two and one-half years of life all starchy or sugary food (except milk) should be given in a

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Dr.

firm or fibrous form so as to stimulate mastication and en-salivation and thus permit the healthy growth of the jaws and the regular arrangement of the teeth.

Foods which cleanse and prevent dental decay are: fish, meat, bacon, poultry, uncooked vegetables, lettuce, cress, radishes, celery, cooked vegetables to some extent, stale bread with crust, toasted bread of all kinds, and twice baked bread. Foods which are not cleansing and are liable to induce dental decay are: sweet biscuits and cake, bread and marmalade, bread and jam, new bread without crust, bread soaked in milk, milk puddings, porridge and milk, preserved fruit, chocolate and sweets of all kinds, honey, liquids, cocoa and chocolate.

Saliva, according to Dr. Wallace, is not possessed of any particular digestive power, but its function almost wholly is to keep the mouth physiologically clean. The teeth of the rising generation, he stated, would benefit more if mothers were instructed how to feed them than by any amount of practical school dentistry. Sound teeth, he thought, are chiefly a matter of proper feeding and the use of those foods which keep the mouth in a hygienic state and help to develop the jaw. The proper kind of food will prevent not only diseases of the teeth but irregularities and pyorrhea as well. Sugar is the chief factor in causing decay, and as far as children are concerned it should be excluded altogether as far as possible, and there



Dr. Sim Wallace says, "Milk is excellent from a nutritional point of view, but hygienically deplorable both in the mouth and probably in the alimentary canal."

should be no giving of sweets before going to bed. If jam, honey, or even candies must be given they should form part of a regular meal which should close with detergents such as fruits or nuts.

Some astonishing results have been obtained in England in recent years showing the value of instructing mothers in oral hygiene. Dr. Wheatley, County Medical Officer for Shropshire, England, made an examination of over 37,000 children between 1910 and 1914 and found that on the average children of five years of age had six and a fraction decayed teeth, with a corresponding number at other ages, whereas an examination of over 10,000 children during the first three months of 1920 showed the number of decayed teeth per child of five years was only 1-9/10, with proportionate decreases all along the line. This was almost entirely due to instruction of the mothers in food and feeding. The number of children in the county who were free from caries increased from 5 per cent to over 44 per cent through the same cause.

Jaw deformities and variations so common at the present day, both in Europe and America, could be largely prevented, Dr. Wallace stated, by bringing children up in such a way that their teeth will be perfect. Facial beauty, which is meantime sought after by care of the skin and superficial applications, is really more than skin deep.

"Ugliness goes to the bone," said Dr. Wallace, "and such things as weak and poorly developed jaws, projecting teeth, the jibsail nose, cutaway chin, and other dento-facial disfigurements can be prevented by an upbringing that will ensure perfect teeth."

This information about milk will no doubt surprise most ordinary people. The majority of us are well enough aware that candy is bad for the teeth unless its effects are carefully washed away, and it is no doubt largely because as a nation we eat so much candy and other sweet stuff that we have on the whole such poor teeth, and that they (the teeth) begin to go at an early age even in young children. If instruction of mothers in the matter of feeding can produce such results in England the sooner we start something similar on this side the better. Rinsing of the mouth after food is no doubt an admirable preventive of decay, and there does not seem any reason why children cannot be trained in this habit as well as any other. It is the kind of habit that readily takes hold because it produces a tangible result in the shape of a sensation of oral cleanliness that is missed immediately the practice is left off. Since reading what Dr. Wallace had to say I have contrived to keep some almonds in the house and make a point of eating a few after each meal

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with results that are likewise all to the good.

Dentists, like physicians, are frequently found to differ, and the average man in the end has generally to use his own discretion to a large extent. Most men settle the difficulty by choosing a dentist in whose judgment they have faith and abiding by his decisions in everything. This is possibly the best line of action for those who pass most of their lives in one place, but it is not so easy to follow when one moves about the world, and since man, as Mr. H. G. Wells puts it, "is now off the chain for good and all" the number of rovers is likely to increase all the time, which means different dentists with every move and possibly conflicting opinions. One dentist advised me to paint my gums

with black iodine once a week, claiming that "a good poisoning every now and again" was an excellent thing. I thought the advice sound and followed it for some years, till another dentist stopped it.

"At forty," says the old proverb, "a man is either a fool or his own physician." He cannot in the nature of things be his own dentist, but he will still have to use his own discretion about many things. However, when all is said and done a self-willed lay brother who is nearing middle age and still has twenty-eight of his original teeth in pretty good shape can advise his fellows (if they want advice) that they will not go far wrong if they visit once in six months a man who has proved to be a good dentist, and follow the advice he gives them.

Things I'm Not Interested In

(Apologies to Carroll Carroll)

Secret formulae "cure-all" mouth-washes desensitizing pastes that do not desensitize high-pressure salesmen get-rich-quick schemes "inside" information disparaging statements about brother practitioners Dr. Blank's income fur farms rabbitry lengthy papers that convey little, if any information discussions of same that do not discuss "improved" technics curb-stone patients old ideas disguised as something new pyorrhea "cures" shoppers hypothetical questions collection agencies from whom no returns are made family histories going back to the fourth generation jaws fractured (?) at last extraction by another dentist teeth that were "wrapped around the jaw bone" those that were "taken out in a dozen pieces" diagnoses made by laymen same thing by some physicians patients who will not pay their bills promises.

THOS. C. BONNEY, D.D.S.



**AT
THE
DENTIST'S**

**BY
WALT
MASON**

IF you would see all kinds of woe, all standard brands of fear and gloom, just visit, for an hour or so, the painless dentist's waiting room. How tragic are the faces there, how poignant are the hearts' despair looking bleakly forth from shrieking eyes. There heroes wilt and mop their brows, and mighty captains walk the floor, and frame a lot of pious vows to seek the dentist's shop no more. A Cromwell, in the dentist's lair, looks not like one who could command; he wrings the moisture from his hair with quivering and nervous hand. And there, Napoleon, too, I think, would look absurdly cheap and small; and he would in the shadow slink, and wish he hadn't come at all. The gorgeous beauty, of the stage, whom men adore, the old, old way, when at the dentist's looks her age, and that's the worst a man can say. Men drop their masks and cease to pose when in the waiting room so drear, and murmur, as each victim goes, "My turn is next, I sadly fear!"

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DENTISTRY Takes to the AIR . . .

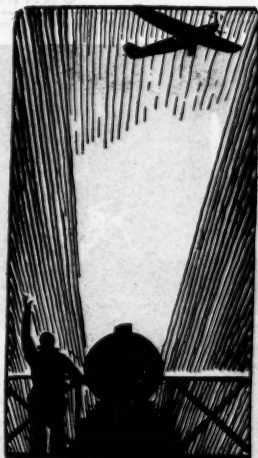
The second of a series. Readers are invited to furnish information for further articles.

IN the December issue of ORAL HYGIENE we recounted the part many dentists have been taking in the development of aviation in this country. Although it is probable that the air activities of some dentists will not be brought to our attention, it will be the aim of these articles to bring to light as many outstanding instances as possible. The point we wish to emphasize is that while the entire nation is fast becoming air-minded, to use a phrase that will soon be trite, the members of the dental profession are not only in accord with such a movement but in many cases are actually among the leaders.

DENTIST HUNTS BY PLANE

From Seattle comes the story and picture of a dentist using a new and novel method of hunting for big game. Dr. G. A. McGuire of Seattle is the dentist and the accompanying photograph shows the doctor and a party of friends returning with the first buck of the season shot in Washington.

This was the first deer that Dr. McGuire had ever shot



and it was a four-pointer, weighing 185 pounds. If you should ever drop in to see Dr. McGuire in his office in the Republic Building, Seattle, you may hang your hat on its antlers.

One of the most important and interesting phases of aviation is that it enables the busy dentist to get far away from his office for a short vacation and to return quickly, thus getting the most out of the relaxation.

PIN FEATHERS

We will let Dr. D. D. Hawley of Sioux Falls, South Dakota, tell you about his experiences in learning to fly. As Dr. Hawley says, he is only a fledgling and if he gets killed it will be the greatest surprise of his life:

"It is my opinion that the popularizing of aviation receives a very favorable impetus



Dr. McGuire and friends hunting by plane.

from the enthusiastic outbursts of the fledglings. Hence this outburst.

"My desire to fly dates back to wartimes when we joined the artillery and then 'hoofed it' through all the mud in France. Overhead winged the birdmen. Dangerous business; yes—but their feet were dry.

"Twelve years have passed and my great dream has been realized. I have been in the air alone. I am enrolled in the Dakota Airlines flying course in Sioux Falls, S. D., and as 'all the world's a stage,' perhaps you will be interested in this little by-play of mine.

"May I, in the best Vitaphone fashion, introduce the members of the cast—my in-

structors. Mr. Jay Gehan, the Daddy of the airport, was trained in San Diego in 1917, saw service in England and France and has a total of seven thousand hours in the air. While the fledglings prattle of what they can do, Jay smiles, but that smile says more eloquently than words, 'Easy boys, easy.' He may be recalling a certain flight years ago when he and his brother, flying at 3,500 feet, decided it was time to come down. Jay put his ship into a spin as he had done many times before. The left rudder would have brought it out except for the fact that brother's heel had wedged under the other rudder bar which was hooked up for dual con-

trol. They spun to the ground and nine days later Jay woke up, surprised that he hadn't been issued a harp.

"Next in the cast is Capt. Glenn Riddle. He started his training in France and continued at home until 1925 when he purchased his own ship and began barnstorming and instructing. He has 'washed out' one ship and this is how—he was flying, with two passengers, late one afternoon when a sudden storm came up. Darkness descended quickly and the rain came down in torrents. The motor, disgusted with conditions, sputtered and died. Glen had spotted a river bottom as the best available landing place and slipped in only to find a heavy growth of sunflowers which finished the scene by tripping him up. As Glen puts it, 'Didn't ruffle a hair except that the landing gear went through a wing.'

"The third character, the home-town boy with the broad shoulders and smile is Walt Keith. In France he was a non-com and I a private. He said it and I did it. Now he is a transport pilot and I a fledgling—he says it and I do at it. Walt did his first solo flying in an old crate that, except for the invention of hay-wire, could never have hung together. He has done his hitch of barnstorming and, like Lindbergh, always went with the wind to save gas. On one occasion an ill wind blew him no good, for day after day it carried him

West. Finally he ran out of towns and into the Indian reservations and was compelled to turn back.

"These men and their counterparts over the world are the real heroes of the air. They spend most of their time teaching take-offs and landings where, no matter how great their skill, frozen controls may easily mean a bad accident.

"May I now introduce the last character, known as the fly in the ointment, the thorn in the side, or the fledgling. As soon as I arrived at the field for my first lesson, Walt called me into the office and questioned me as to my knowledge of the controls. I assured him I understood them perfectly, whereupon he asked me to explain certain maneuvers. I did but he didn't seem overly impressed. However, he fitted me out in flying suit, helmet and goggles and led me out to where the ship was warming up. The serious business of flying had begun.

"I climbed into the cockpit and was shown how to fasten the belt. Walt explained the instruments, took his place and we were off. I was surprised at how quickly the propeller blast raised the tail and how smoothly we went skimming over the ground.

"My first knowledge of being off the ground came when I risked a peek over the side and got my first bird's-eye view of a barbed-wire fence. We climbed in a wide circle to

1,500 feet and my second surprise came when I realized that there was no sensation of great height nor fear.

"My instructions had been to follow through all movements of stick and rudder but I found myself reveling in the new aspect of familiar landmarks. I had thoroughly relaxed and decided that this flying business was going to be a real pleasure when the stick wiggled against my knees. With a great effort I swallowed my heart and wondered why I hadn't paid more attention to the follow through, for in the language of the air, that wiggling stick meant, 'take the controls, kid, and do your stuff.'

"The air was perfect and the ship flew herself but of course I laid it to sheer skill on my part. As my pulse was returning to normal, Walt signalled for a turn to the right. Now was the time to think and oh! how I hate to think. Now let's see, right stick and a little right rudder. I gave her a little right stick, not enough—and a little right rudder, too much.

"The ship banked slightly to the right, the nose came around but, although I was headed southwest, I felt sure I was traveling south. 'Well,' thought I, 'why don't the darned fool do something about it while there is still time.' He did. He turned around and grinned at me. I wasn't angry because I couldn't think of so many things at once. The book was

right in saying that right stick and right rudder produced a right bank and turn but they had neglected to tell how much of each. What a relief when the stick wiggled again, which means hands off, and I was again only a passenger.



Dr. Hawley.

"After a few more turns at the controls we returned to the field and the first lesson was over. Walt said I had done fine. A white lie is one that harms no one.

"During the first few lessons, the student has nothing to do with the landings and takeoffs except to follow through and try to get the feel of the controls. The lesson proper is in the air and is the nicest part of training. Later on, one is called upon to master the art of get-

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ting away and getting back all in one piece.

"The take-off came fairly easy and I felt as if I knew a lot about that part of the game when a little comedy took place which might have been a tragedy. I was on the controls and had just left the ground when the strap on my goggles let loose on one side. Before I knew just what had happened, my eyes were full of tears from the rush of air. I ducked behind the windshield until we were up about five hundred feet and then leveled off.

"Holding the stick between my knees, I reached back with the right hand and brought the goggles into place. These I held in place with the left hand while I used the right to level up the ship and then again holding the stick between my knees, reached forward and tapped Walt on the head calling attention to my predicament. Why didn't I shake the stick at once and hand over the controls? Well, because it didn't occur to me until about four days later. You tell me, if you can, why a student now and then pulls the stick back and hangs on until death loosens his grip.

"The landings are generally the most difficult part of preliminary training and so it was in my case. Your ship is passing from air to land travel and most of the controlling must be done before the wings and control surfaces have been robbed of their lift and effect by the reduction of speed. The feel of a

landing can be obtained in only one way and that is by continual trial and error. This is the most trying period of training and is the time that convinces you that you were born to be earth-bound and the quicker you get back to your own element the better. However, it finally leads to the thrill of a lifetime, the first solo flight.

"One chilly morning I drove to the field prepared to resume the endless merry-go-round of take-offs and landings. Glenn was on the morning shift. After two very mediocre landings he leisurely climbed out of the ship and pulled off his helmet. Supposing that my first solo would come after a series of perfect landings, I didn't suspect a thing until he said, 'All right, go ahead, but don't land right away. Fly around and see how it goes.' I don't think I answered nor did I want any time to think it over. My left hand flew to the throttle and I went skimming along the ground. I wonder now if I thought at all in those first few seconds. The ship seemed to come away from the ground of its own accord and not until I had gained a thousand feet did I realize that I was actually in the air alone. I wanted to sing, shout, anything but sit still. Try as I would, I couldn't keep a wide grin off my face. I checked the instruments, tested the balance of the plane by setting and resetting the stabilizer, looked over the side and then

wondered that there weren't more things to do.

"It all seemed so easy I felt I must be leaving some important thing undone. After a few turns around the field and a couple of lazy figure-eights I prepared to make a landing. Perhaps I fluttered just a bit as I cut the gun for the long glide to the field but I never felt so sure of a good landing. It was good, too, and if the mayor had been there to turn over the keys to the city I shouldn't have felt that my accomplishment had been at all over-estimated. I taxied up to the hangar and jumped out. Glen shook hands and said I hadn't done badly at all. Still wearing the widest of grins I drove back to the office where I tried to keep my mind on M.O.D.'s and broken appointments.

"The great thrill of flying remains but the feeling of ac-

complishment concerning the first solo flight has vanished. It is like going from high school into college—you get to the top only to find yourself again at the bottom. However, I have set myself another goal and that is to learn to operate a ship in a way that will be a credit to the game and conducive to long life.

"I will close with a few thoughts for those who still think flying is a nut pastime. We are living in the age of a great metamorphosis. Twenty-five years from now when flying will be very common, how will you feel on the worm side of the fence? Those of you who fear the thing are like children who fear the dark. For my part, when I see governors, senators, presidents and kings in the air, I am more than proud to be a fledgling and furthermore, if I get killed it will be the greatest surprise of my life."

Rice Conviction Upheld

The conviction and sentences of George Graham Rice* and Walter K. Yorston on a charge of mail fraud, and of the *Wall Street Iconoclast*, Rice's publication, and the Idaho Copper Corporation, the instruments used in the fraud, were affirmed November 4th in New York by the Circuit Court of Appeals. Rice, whose real name is Jacob Simon Herzig, was sentenced to four years in the Atlanta Penitentiary and received a suspended sentence of five years. Yorston was sentenced to nine months in the Westchester County Penitentiary, and *The Iconoclast* was fined \$10,000. Sentence on the Idaho corporation was suspended for five years.

*April 1929, ORAL HYGIENE, P. 789.

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CONDUCTED BY

V. CLYDE SMEDLEY, D.D.S., AND
GEORGE R. WARNER, M.D., D.D.S.,
1206 REPUBLIC BLDG.,
DENVER, COLO.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

A Good Suggestion

I am sending you a description of my method of taking the bite for full upper or full upper and lower dentures.

For full upper and lower or full upper, take an upper impression tray, one that is rather shallow and fits the gums fairly close. Soften some modeling compound, fill the rim but not the roof of the tray. While the compound is still soft insert it in the mouth of the patient to obtain the impression of the alveolar ridge. When cool, remove and harden with cold water and dry with a towel. Take a roll of softened bite wax and fasten it to the under side of the tray. Replace the tray in the patient's mouth, instructing him to close the mouth, making sure you have a three-point contact with the lower jaw. Instruct the patient to hold it firmly between the jaws until you have made the necessary marks as to length of bite and median line. Remove the tray and harden the wax with cold water.

When the models are made place them in their respective positions on the wax and modeling compound. Fasten on the articulator.

To take the bite for a lower den-

ture when the patient is wearing an upper denture, take the upper plate and fasten a roll of softened bite wax to the teeth. Replace the plate in the mouth, instructing the patient to close the mouth firmly. Make your marks as usual and remove the plate and wax from the mouth. Harden the wax with cold water and remove it from the teeth. This gives you the bite for the lower denture.

This method is original as far as I know and has practically eliminated "incorrect bite" troubles for me. The tray handle gives something to hold the bite material in place.—G.W.

Urticaria alias Hives

Q.—Would like your advice on the following case.

Patient, female, age 34, has had chronic hives for over a year. She has been receiving various treatments for this condition and now it is of the gigantea type. She complains of soreness at the junction of the cheeks and gums. There is a slight redness at this point. X-rays show all teeth vital and in perfect condition.

Is this soreness due to urticaria? What is your opinion of the case

and would you advise intra-oral treatments?—A.E.P.

A.—Urticaria sometimes has mucous membrane manifestations, even to the extent of interfering with swallowing, so it is reasonable to suppose that the condition which you describe is urticaria. If this is urticaria intra-oral treatments would probably avail little.—G. R. Warner.

Root in Antrum

Q.—Will you kindly explain the results one may expect when a root end is forced into the (Antrum of Highmore) maxillary sinus?

Is it encased with connective tissue, is it absorbed, or does it become a chronic source of infection?

May I receive a thorough explanation in regard to this matter?—E.G.H.

A.—When a root apex is forced into the maxillary sinus it is presumed that it is infected. So you would have both a mechanical irritant and a focus of infection which the maxillary sinus will not resist very well. In such a case maxillary sinusitis is apt to result and continue until the offending root tip is removed. Ordinarily the best time and easiest place to remove it is through the socket by which it went into the sinus, at the time of the extraction. With the aid of the x-ray and curved instruments it can usually be juggled to the opening of the socket. If one has a power negative pressure machine it can be sucked out by this method.—G. R. Warner.

Decalcified Enamel

Q.—I have a patient whose case is a distinct puzzle and decidedly annoying.

He is a young man, 19 years, large, well built, athletic, a college sophomore. He has thirty-two beautiful teeth, clean, free from tartar or stains. Until he was seventeen

years old his teeth were perfect except for a few small fissures of no great consequence—I kept those filled by rubbing in cement.

Up to this time there was not a single filling or cavity in his teeth. But then things began to happen. Great white patches began to appear in the interproximal spaces or contacts in both molars and bicuspid and today he has half a dozen fillings. More of those white patches are beginning to appear and he is certain to require more fillings in a short time.

Now the question: what has happened and what can I do to stop the rapid development of more caries?

I would like to add to this that this young man who has been under my care from childhood, never had a diseased or decayed baby tooth. All had to be extracted with instruments and the only sign of the years of service they had given their owner was slight erosion on the masticating surface of the molars.—F.P.G.

A.—Dr. Percy Howe has produced caries of teeth in animals by the use of a deficient diet. Dr. Russell Bunting has shown that children who were on a deficient diet had much more prevalent caries than children on a balanced diet.

It seems to me that it would be quite in line for you to make the test for *Bacillus acidophilus* in your patient's mouth, as described and advised by Bunting, and, if positive, use the metaphen and S. T. 57 as he directs. A blood examination to determine the calcium phosphorus balance is also indicated. If the calcium phosphorus balance is not right the use of cod liver oil, calcium and a high mineral salt diet would be indicated.

If you can't find the bibliography of these matters in your medical and dental library I am sure Dr. Russell W. Bunting, University of Michigan, Ann Arbor, Michigan, will be glad to help you.—G. R. Warner.

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A Personal Experience

By John Bell Williams, D. D. S.

Richmond, Va.

SOME years ago I heard a prominent singer who was giving a concert in our city. The programs were printed in four foreign languages. While looking around during the course of the evening I noticed that my neighbors were turning the pages as each encore was being sung. The result was that the artist had completed only about half the numbers when those about me had turned the last page. In commenting on this to my wife, she said I was entirely mistaken. So being used to accepting her good judgment on such subjects, particularly those which lend themselves to controversy, I concluded that I had been in error. But after being invited out during "opera week" to hear an opera by a visiting Grand Opera Company over a local broadcasting station, I am inclined to believe that possibly I was not so very far wrong in the first instance.

When we arrived at our friend's house to hear "La Traviata" the room was filled with wise men and worried women. The women were worried because no one had been able to find "it" on the radio. The men were wise because they would not try to find "it." Finally, some lady by a delicate touch

of the dial brought forth beautiful strains of music rendered by a large and wonderful orchestra. All exclaimed, "That's it!" Then a female voice, "Yes, that's it. So glad we got WRVA in time to hear the overture. It's a particular favorite of mine. I've heard it many times." And another, "Isn't it wonderful?" And another, "After listening to opera how can we ever enjoy popular music? It sounds so crude." At this point my host exclaimed, "I don't care for this highfaluting music. I enjoy ordinary music like we get here every night. Cut that off and let's play a little poker while we have a good crowd." His wife lovingly and politely replied, "Shut up and keep your plebeian tastes to yourself. Don't make any more noise while we are all enjoying this marvelous prelude. The curtain goes up in a minute or two, so don't anyone move."

When the curtain was due to rise for the opening chorus a massive voice, worthy of the winner of a cow-calling contest, burst forth, "This is station PDQ, McLevy Baking and Pie Company at Kansas City, Missouri." Following this announcement all present agreed that they hadn't really believed it was the opera orchestra all the

time. At this moment a young son of the host arrived and proceeded to run the radio. He put "it" on 22 because that was bound to be right. Now they were all satisfied that it was WRVA.

Beautiful and melodious voices poured forth wonderful tones of elegant music. Everyone, including the men, became enthusiastic and happy, when another male megaphone butted

in to announce that that concluded the program of the mixed amateur chorus broadcasting from station BRD at Lexington, Indiana.

A friend arrived at this point to tell us that an SOS call had prevented the opera from being broadcast at all. The ladies continued downcast, but the men proceeded to enjoy a few rounds of prohibition and poker.

Alpha Zeta Gamma at Chicago

The sixteenth annual meeting of the Alpha Zeta Gamma Dental Fraternity will be held January 13th and 14th, 1930, at the Stevens Hotel, Chicago, Ill., in conjunction with the convention of the Chicago Dental Society.

A. D. NEWBERGER, Scribe.

55 E. Washington Street,
Chicago, Ill.

A Correction

A mistake occurred in the titling of the illustrations on page 2215 on the article, "The Importance of Balance of Occlusion," appearing in the October 1929 issue of ORAL HYGIENE. The pictures showing rest bite and balancing bite were interchanged. This reproduction of the illustration shows the correct positions.



Balancing Bite



Working Bite



Rest Bite

International Oral Hygiene

Translated and Briefed by Charles W. Barton



Oral Hygiene in Russia

Enthusiastic members of the Young Pioneer's Society of Russia in a recent demonstration for oral health.

International Dental Federation

FROM the report of the Hygiene Commission tendered by Dr. Bruske of Amsterdam, we learn that the Federation deems it advisable to establish a central bureau to collect statistics on school dentistry in which shall be a classification of teeth that cannot be saved; that the study of school dentistry shall be included in the dental curriculum, and that the question of dental hygienists in school dentistry shall be given consideration. A subsequent resolution, however, did not think it advisable "to introduce dental nurses in such countries where, as in Germany, freedom of healing exercise is allowed lawfully." (It seems to us that the passers of this resolution misconceive the status of our dental hygienists who receive adequate

training and work under the dentist's supervision. Dental hygienists undoubtedly fill a very real want in the profession, as educators more than as operators.) Representations to the Hygiene Commission of the League of Nations and to the Red Cross were recommended with a view to obtaining for the fight against dental disease the same recognition as for other diseases. Belgium, Poland, Austria and Switzerland have joined the circle of patrons of the Hygiene Commission of the I.D.F. But this commission cannot yet make up its mind as to the desirability of resuming "relations with the tooth brush industry on behalf of public dental care."

*Bulletin de la F.D.I.,
Paris, 1929.*

Australia

In the course of the fusion of interests which has taken place be-

tween the Dental Association of New South Wales and the Society of Dental Science, and of the formation of the Australian Dental Association, two publications have also been merged into one: *The Dental Science Journal of Australia* and the *Australian Dental Summary* now appear as one under the title of *The Dental Journal of Australia*. Its first issue appeared in August 1929. ORAL HYGIENE extends its heartiest wishes, both to the united dentists and their united publication!

Union of South Africa

At a recent meeting of the Port Elizabeth and Districts Dental Society a letter from the Committee of the Central Public School was read in which it was pointed out that the children were examined only once a year and the dental examination was merely part of the general medical examination, and in view of the large number of children could not be carried out fully in the time at the disposal of the medical officer. The Committee felt that to have this work done thoroughly a special official should be appointed, and asked for the views of the Society on the subject.

At the Municipal Clinic, during July 1929, 97 Europeans and 39 non-Europeans, a total of 136 patients were treated, necessitating 321 extractions, eight fillings and four dressings.

At the Pretoria Dental Clinic, during June 1929, 101 adults and 427 children were received. 160 and 387 extractions respectively, two and 689 fillings, four and five examinations, one and one scalings respectively were carried out.

The South African Dental Journal,

India

The annual report 1928-29 of the Calcutta Dental College and Hospital, founded in 1920, states that since its inauguration it has graduated 61 students who are now car-

rying on successful dental practices in almost every province of India.

In the dental hospital attached to this college, poor patients are attended to free of charge, or for a nominal fee in cases of artificial teeth. So far as we know this is the only dental hospital in India where artificial dentures can be obtained for the price of materials only. Bow Bazar Street, on which stands the college, is situated in the center of a very poor and crowded locality, and the influx of patients is unusually greater than can be dealt with by the students. During the period from March 1928 to February 1929, the students under the supervision of the House Dental Surgeon attended the following cases: 3,794 out-patients, 213 dental operations, 2,557 fillings, 276 root canal treatments, 5,911 extractions, 724 artificial dentures.

There were 11 graduates from this dental school in 1929.

* * *

In a preliminary report by Dr. A. K. Dutt, honorary dental surgeon to the Brahma Girls School of Calcutta, on the dental examination of its pupils, the astonishing statement is made that 90 per cent of the girls show dental defects, and the still more astonishing fact is revealed that of these, 73 per cent are suffering from pyorrhea.

The Indian Dental Journal,
Vol. IV, No. 3, 1929.

Great Britain

One result of the increasing attention now being paid to many ultra-scientific explorations and discoveries is that the layman—and to some extent the physician also—has so much less share of his attention remaining available for a balanced consideration of those simple principles of right eating and living which were known and practiced long ago before their inner meaning and way of working came to be analyzed and in part interpreted by the physiologist and bio-chemist. Dr. Harry Campbell has for many

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years been a close and keen-sighted observer of the bad results of disregarding the primitive instincts and natural appetites as related to food and feeding, and in the *Lancet*, recently, he again brings up the importance of educating the human palate from early years to appreciate and enjoy the right kind of food. When children are reared on plain food and have the run of a well-stocked kitchen garden, they instinctively enjoy fruit and garden produce, and Dr. Campbell advises that children should be encouraged from an early age to cultivate their taste for these healthy foods. Interesting experimental evidence showing the close relation between salivary and gastric or alimentary secretion appears in a paper on "The Importance of Taste," read before the Sixth Australian Dental Congress by Dr. H. P. Pickerill, who reviews some of the work of Lobasov, Edkins, Starling, Pavlov and some others, and also gives an account of ingenious tests devised and conducted by himself. It had been experimentally established that in animals the effect upon the flow of both the gastric and ciliary secretions was "insignificant" upon a purely carbo-hydrate diet, feeble when on fat, and "increased" when on acid substances or a meat diet. Dr. Pickerill's well reasoned thesis is that the glosso-pharyngeal and lingual nerves undoubtedly exist for the protection of the mouth and the stomach; without taste and its exercise we get very diminished salivary and gastric secretion, and therefore stagnation in both cavities, and stagnation practically always means infection.

* * *

The dental work in the schools at Cambridge is reported on for the year 1928 by W. Baird Grandison. All the children attending the elementary schools have the opportunity, once annually, of dental inspection and, when necessary, of dental treatment. During 1928 some 6,080 children were inspected, of

which number 2,082 were absolutely free from caries, while 2,996 of the 3,998 cases requiring treatment, received it. Treatment is directed chiefly towards the conservation of the permanent dentition, but in addition, active conservative treatment of the temporary dentition is persevered with, the results of which are particularly gratifying. A highly interesting table shows the extent of progress at Cambridge; in 1908, 2,828 children were examined, compared with 6,080 in 1928, and 15 per cent had sound permanent teeth in 1908 before treatment, contrasted with 56 per cent in 1928. The percentage of sound temporary teeth after treatment was 48 per cent in 1908, and 94.9 per cent in 1928; while the number with no decay including both dentitions has risen from 2.4 per cent to 34.2 per cent. The year under review saw the highest number of conservative operations performed, the lowest number of unsavable permanent teeth ever recorded, and the lowest percentage of decayed teeth in the five-year-old group of children, namely 10.8 per cent. (We believe it quite in order to pay silent tribute to our friend, the late Dr. Cunningham, who started all this. C.W.B.)

The Dental Record,

Italy

On the occasion of his taking charge of the dental clinic attached to the hospital "Cardinale Ascales," Dr. Pasquale Lippo pays his respects to his predecessor in office and founder of the clinic, Professor Amedeo Perna, by reviewing the work done during the eight and one-half years of the institution's existence. 1,822 examinations were made, and 37,605 teeth were extracted; 5,242 fillings were inserted and 140 apices were resected. The prosthetic work comprised 880 removable and 219 fixed dentures, while 1,907 abscesses were operated. 2,256 prophylactic treatments were

carried out; and the minor oral surgery performed embraced a great variety of pathological conditions, including 19 epitheliomas and three sarcomas. There were, in addition, 250 orthodontic treatments. The clinic also serves as a school, and from it issued about 30 surgeons.

La Stomatologia,

Chile

In a most able paper read before the third Latin-American Dental Congress last July on the acid-base equilibrium and its relationship to calcium metabolism, Dr. Carlos Garcia De La Fuente of Santiago has put before his colleagues the findings of Price, Howe, Broderick and others in a very clear and simple manner. The author does not pretend to add anything new to our present knowledge of the etiology and the treatment of dental disease; but he deserves, nevertheless, well of his brothers in the profession because of the clarity of conception with which he insists on what we know today the fundamentals of

dentistry. As he says: "The etiology of dental decay stands in close relation to all the general factors of the acid-base equilibrium and of calcium metabolism, being a local manifestation of a general systemic condition, so that dental prophylaxis must aim first of all toward the maintenance of appropriate systemic reactions and of a proper calcium index." The author is to be commended for not giving some slipshod recommendations of this or that "diet"—as is unfortunately the case so often with authors who know little about nutrition—and also for not prescribing some haphazard calcium medication. He insists on finding out first of all to what particular cause is due the faulty metabolism and the insufficiency of calcium in patients with multiple caries of the teeth, and he recommends very close study of acid-base disturbance, deficient ingestion or assimilation of calcium, lack of vitamins or lack of vitamin activation, endocrin disturbances, and deficient hygiene.

Ravista Odontologica,

We'll Be Seeing You at Booth 19

ORAL HYGIENE will have a small exhibit space at the annual meeting of the Chicago Dental Society, Stevens Hotel, January 13th to 17th and hopes that its readers will drop around to say "Hello." We haven't a thing to sell you except ourselves and you probably wouldn't consider us much of a bargain. At any rate we would be pleased to see you and as the fellow said, there may be a comfortable chair in which to rest a spell.

New Jersey Dental Meeting

The sixtieth annual meeting of the New Jersey State Dental Society will be held in the Berkeley-Carteret Hotel, Asbury Park, New Jersey, April 30th, May 1st, 2nd, 1930. Exhibitors will please address Dr. E. C. Stillwell, Arcade Bldg., Glen Ridge, New Jersey. For general information, address F. K. Hazelton, Secretary, 223 E. Hanover Street, Trenton, New Jersey.

"Dear Oral Hygiene—"



"I do not agree with anything you say, but I will fight to the death for your right to say it."—*Voltaire*

Denver and Colorado

No one could read Arthur Brisbane's recent "Today," Denver and Colorado, without a yearning to spend a vacation in this wonderful region. Denver, the gateway to our national parks, cool, clean, beautiful Denver, with a stretch of two hundred miles of the Rockies lying before her, never out of sight of eternal snow.

"Forty-five minutes from Broadway" and you have taken the "lariat road" up Mt. Lookout to the graves of Col. and Mrs. Buffalo Bill Cody. From this vantage point you can see the gold-covered state capitol dome and Denver's municipal and business buildings. Plains with their innumerable lakes stretch before you. With a little aid of the field glass, or your imagination you can pick out your Eastern home.

But, on to Echo Lake! Skirting Squaw Mountain to the lake which talks back to you. Then, the highest and most marvelous mountain motor road in the world, above timberline, you are literally above the clouds—past Summit Lake to the top of Mt. Evans, the real top of the world. If we are to judge by side remarks from some of the laity, this may be your last chance to listen to the whirr of the angel's wings.

Down to Idaho Springs, up the shelf road to the old mining towns of Central and Black Hawk, over to the Moffatt Tunnel, which pierces James Peak for six miles, back to Denver, via Boulder Canon and Barker Dam, or over to beauti-

ful Estes via Ward, Mt. Audabon and Long's Peak.

Camping and trout fishing on the Poudre, the Gunnison, the Colorado, Williams' Fork and a thousand lakes. No wonder a hungry tourist fell into a Canyon City restaurant shouting, "Bring on a Royal Gorge." Looking from the auto road above this town, you can see a train crawling like a worm a mile below.

Fifty peaks 14,000 feet and higher. Twenty-five of these are higher than the far-famed Pike's. A thousand peaks above 10,000 feet.

Keep cool in Colorado. Cool not only your heels but your family. Again, Denver and Colorado, A.D.A. 1930!—**KENT KANE CROSS**, D.D.S., *Denver, Colo.*

Reply to Dr. Hines

An article entitled, "What About Dental Colleges?" written by Dr. Hines of Memphis, Tennessee, appeared in your July issue. It interested me tremendously and I heartily agree with Dr. Hines in his attitude toward some of the dental colleges that are charging high fees in their so-called charitable clinics.

There is one thing in Dr. Hines' paper which I resent very much and that is his rebuke to the dental hygienist. First of all, I would like to ask Dr. Hines a few questions: What has the dental hygienist to do with the fees charged by the dental colleges? For what pur-

pose was the dental hygienist brought into existence? Who is responsible for the misdemeanors of the hygienist? Has he ever attended a city, state or national meeting of the dental hygienists?

I am sure Dr. Hines is very much mistaken in his belief that the hygienists are over-stepping their bounds and intruding upon the dentist's field of operation. There is work enough for everyone. We have 116 million people in the United States and only 60,000 dentists to take care of them. Just think of the millions of teeth that need attention now. Besides this we have Dr. Hyatt's statement, that 2,000 bicuspid and molars are erupting every minute of the hour, twenty-four hours per day, in the U. S. or in other words every day 288,000,000 bicuspid and molars make their appearance along with all the other teeth that are erupting at the same time. Is it possible with this enormous field of operation that the hygienists need overstep their limits or the dentists have time to give prophylactic cleansings?

Dr. Hines scoffs at the idea that more dentists should be graduated every year and says Tennessee is amply supplied now, to the extent that the younger ones are waiting for the older ones to die. If some of those ambitious dentists who are sitting back waiting are looking for work there is plenty of it. The population of Tennessee is 2,500,000—each person averages five cavities—hence, there are about 12,500,000 cavities in that State. With the 930 registered dentists in Tennessee, let us figure out how long it would take to fill these cavities. Allowing one-half hour per cavity, 6,250,000 hours would be required for this work. Suppose all the dentists worked 10 hours per day for 300 days a year, at that only 2,790,000 hours of work could be accomplished yearly. In other words, it would take all the dentists two years and three months to fill all the cavities now in existence in Tennessee, excluding all extractions, root canal work, x-ray work,

crown and bridgework, full and partial dentures, prophylaxis, etc.

Dr. Hines states that the hygienist may be used advantageously in public schools, state and charitable institutions, but when she is operating in the private office, very often oversteps her limits. Let us think a moment about this statement—the hygienist is advantageous in the public schools. Surely there is no place where a well-trained dentist is more needed than in our schools; he will not only fill and save the teeth but he will also teach the children the importance of mouth hygiene and how to keep a strong, healthy body by having a hygienic mouth.

Is the hygienist useful in state and charitable institutions? Well, the physician says so and he should know. Here also the dentist can render valuable service. I quite agree with Dr. Hines, the hygienist is a valuable aid in all important places. Here a most remarkable change takes place in these valuable aids for public work. In the one place the dental hygienist is useful and desirable—place her in a private office and she becomes a law breaker. Is it the influence of the dentists which has brought about this downfall in the hygienist's integrity, usefulness and respect for law? I had not believed it—I had more respect for the members of the dental profession. My own experience with dentists in New York State has been far different. I will not dispute Dr. Hines' knowledge of the dentists in his State—I will only admit my surprise and sorrow.

No hygienist is anxious to commit any of these crimes attributed to her, because she knows she will lose her license, if it is found out. In a great many of these cases the dentist is holding a club over her head, so to speak, by saying you must do this in my office or else I will get some one in your place. These injustices will soon cease, as all hygienists have been requested to report any dentist, who insists

upon her doing work outside of her field, to her society.

Dr. Hines believes the assistant of greatest value in the office. Of course a hygienist's work and that of the assistant are entirely different; a hygienist can do an assistant's work but not so the other way round. Dr. Hines refers to the hygienist as a "Delilah." May I ask who it was that encouraged her to rob Samson of his strength? I believe it was the "High Priest," a man—just so, it is the dentist who influences the hygienist.

Last but not least another statement of the physicians, "One thing is certain, the goal of preventive dentistry will not be reached without the aid of the oral hygienist and we need not deceive ourselves into thinking so." Let me suggest that Dr. Hines read the editorial, "Practical Prevention," which appeared in the March 1929 issue of *Dental Cosmos*. I will quote a few lines from that article: "The realization that the attainment of prevention in its true sense involved the alteration of age-old habits of civilization, even certain ones that have become characteristics of the human race, a task so stupendous and apparently so insurmountable, that meanwhile the efforts of the prevention idealists were diverted to the necessity of caring for the pressing dental needs of present generations.

"The hygienist was an incidental agency developed, and she has done much in preventing the advance of dental disease, but much more in promoting the idea of mouth hygiene as a means of achieving the ultimate aim of prevention."

I hope Dr. Hines will have the pleasure of attending some of the hygienist sessions at the conventions and if so, I am sure he will be convinced that the dental hygienists are not the law breakers that he now believes them to be.—
HELEN C. MACNALLY, D.H.

We Brought this on Ourselves

Has the dental profession any more right to advertise as a body than the individual dentist has? Would not the public look upon straight advertising for what it is and, knowing something of the ethics of the professions, merely pass it by as some more propaganda?

Undoubtedly publicity is valuable but it should be publicity of the right kind. At almost all of our large dental meetings we have the opportunity for considerable publicity. What is the result? In nearly every instance the reporters pick on some of our fads and fancies and try to make a joke of them. It is seldom that any of the meetings are reported as they should be, or as we would like to have them reported. The right kind of a committee should go over the papers and clinics in advance and submit written reports to the papers of what they want them to have. This kind of publicity would be constructive and ethical in every way.

Another thing against paid advertising is the fact there are few subjects upon which the members of any committee would agree. Take ten dentists at random and take up the subject of focal infection, for instance. Some of them would be one hundred percenters, others would treat a tooth if it had a granuloma at the apex as big as a hen's egg. Take the question of pyorrhea — some would treat it surgically, others by scaling and polishing, some by means of diet, some would say it is incurable and let it go at that, some would refuse to recognize it until the teeth were ready to be exfoliated. Some believe in surgical extraction, some do not. Some use fixed bridgework, some use only removable. Some like Akers' technique, others say it only makes a regulating appliance. Some cap pulps, some do not. How many will read an x-ray alike? In fact it

is almost impossible to find any subject in dentistry that the profession as a whole agrees upon.

As far as he knows the writer is the only dentist in the world who ever edited a daily column in a large metropolitan newspaper for two years on "Teeth and Health." This was several years ago. It is doubtful if the Chicago Dental Society would countenance such a thing now, although the medical societies do. Two years ago Dr. Joseph G. Rosen of Chicago was asked by the officials of KYW to broadcast over the radio on dental subjects, and his few talks were gems of art. The Chicago Dental Society stopped him in a week. Most opportunities to write for newspapers and broadcast over the radio are due to personal friendship. Also, all newspaper articles on special subjects must be signed, for the simple reason that any liability for any misstatements is on the head of the writer. The paper prints the article but does not indorse it. It relieves them of any liability. The same is true of the radio.

Now the profession at large frowns upon these personal articles or broadcasts for the simple reason that they think the writer or talker is getting an undue share of publicity. Now let me say right here that in newspaper circles it is always said that no one ever writes in but the "nuts," which is true. This, by the way, would be a good thing for some of our public officials to remember. The great, sensible American public keeps its mouth shut and saws wood. In my two years of writing I never had a desirable patient come to my office. On the other hand, I had quite a few "nuts." I finally made it a rule never to see anyone who came as a result of the articles but had the office attendant request them to write their questions to the newspaper office. These were either answered in the paper or by letter.

During that time ORAL HYGIENE printed one of my articles in every issue and requested dentists all

over the country to follow my example and try to get on their local papers. I was asked by the editor of ORAL HYGIENE to prepare a book for other dentists to use for public speeches and newspaper work which I never did for the simple reason that I was fed up on writing. If anyone thinks it is a joke to take care of a large dental practice every day and write a newspaper article every night, he will find the laugh is on him. There is neither honor, glory or money in it but plenty of hard work. During that period I read every dental and medical journal published in the English-speaking world and many books.

Now it is the humble opinion of the writer the only way newspaper writing or broadcasting should be carried on is under the individual's name. I believe this should be made a rule of the societies, because the writer then has a broader field and any opinions expressed are merely the opinions of an individual. If another dentist does not agree with him he can say: "That poor nut! What does he know about dentistry? He is nothing but a paid writer." All disagreements are quickly settled. But in the paid advertising of the societies at large, all articles must be considered authoritative, and how many subjects would any committee agree upon? Another factor in favor of the individual writer is that no dentist would take on such a work unless he had a positive and deep-seated love for his profession. Such a man would try to be conservative and give the best in him, knowing he will receive no thanks but probably a great amount of criticism.

Now let me get my pet peeve off of my chest. Since I graduated in 1901 I have taken almost every special course I have known of. The new things in dentistry have been my hobbies. My greatest pleasure has been to take up new things and try a little research of my own. I was kidded by many of my friends when I took up the x-ray when it was new. Shortly after Novitsky

developed surgical extraction, Ward came to Chicago and taught it to me. I gave a couple of clinics on it and received no end of criticism. One night I read a paper on prophylaxis before the West Side Dental Society. When I had finished, one of the boys asked me a question on surgical extraction. I turned to the chairman and asked him if I could answer the question. He asked me to wait until after the meeting was adjourned as the Chicago Dental Society did not approve discussions of surgical extraction.

Long before Akers perfected the one-piece casting technique, Dr. Graham and I spent quite a long time on one-piece castings. Our experiments ended in failure but our failure only enhanced our admiration for his success. For a man to say that a thing is impossible because he made a failure, and to refuse to credit another man who succeeds, shows him to be a man of narrow mind and small soul.

Every new discovery in medicine or dentistry is almost sure to meet with skepticism and one must have the hide of a rhinoceros to stand for the criticism he is sure to get. Dr. Morton, the discoverer of anesthesia, died from a broken heart on account of ridicule, and many another man has been ruined from the same cause. No broadminded man could object to constructive criticism but some of it is absolutely malicious.

On the other hand, any man with a message that is worth while is sure to receive some attention all the time and if his message or work is scientific and worth while, he will always win in the end.

When Ladewick first showed his jacket crown in 1899, every porcelain worker including the writer said it was a joke because we had been taught that porcelain had strength only in bulk. Today the jacket crown is universally used.

Now the above article is a good example of personal opinion. Perhaps most of the readers will think it a waste of good ink and paper.

If so "I beg to repoligise," as Andy says.—R. ALLEN GRIFFITH, D.D.S., 25 E. Washington St., Chicago, Ill.

You invited this now let's see if you have the guts to publish it.

Your Teeth

I have been informed by Dr. Walter McFall of Macon, Ga., that you have some dental material known as "Your Teeth," and as I am desirous of securing such material for us in our dental health educational program in the public schools here, am writing to request that you kindly furnish me with same, if you are in position to do so.—J. W. FULLER, D.D.S., *Dentist in Charge of Clinic.*

Screening Local Anesthetic's Action

Before I had time to read the ORAL HYGIENE, which came in the afternoon mail, one of the boys on this floor called my attention to the very fine mention that you gave me on the presentation before the A.D.A. meeting in Washington. Within the next couple of days my paper and the film will be forwarded to Dr. Louis E. Ford whom I promised to send it to immediately following the meeting but could not do so owing to the District of Columbia Dental Society inviting me to return October 29th. Then on the following week I had to appear before the Peoria Dental Society.

So many of the schools are interested in the work that the film will be in constant travel for some time. It is my intention to complete the entire study of the action of a local anesthetic on all the living tissues of the body in moving pictures.—IRA G. NICHOLS, D.D.S., *Champaign, Ill.*

From A Student

ORAL HYGIENE is indeed helpful and inspirational in the study of dentistry and I enjoy and appreciate it.

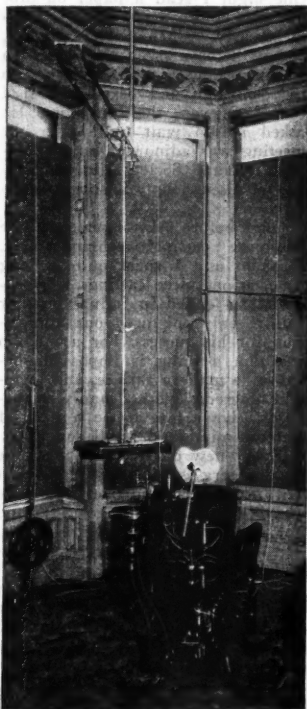
I thoroughly approve of the articles on reciprocity. We who are students, and unable to help ourselves along this line, as yet, are looking to you for help.—F. J. O'CONNOR, Philadelphia, Pa.

Dr. Moffatt Will Write Again

The October issue of ORAL HYGIENE came to my office while I was in Washington attending the meeting of the American Dental Association. When I returned, I found dozens of letters from Maine to California and from Canada to the Gulf commenting upon my paper which was published in the October issue of your magazine. The criticisms were flattering and interesting. The Mississippi Dental Association had this paper published, as you know, and I had not anticipated such wide-spread notoriety and interest.

It is impossible for me to attempt to answer in person the letters that I have received. I want to take this method of expressing my sincere appreciation of the interest of those who have written me and if they really desire it and it meets with your approval I will send you another article sometime after the first of January answering some of the questions that have been asked. In the meantime I will appreciate it if you will publish this letter to relieve me of the enormous task of answering the communications that I have received.—J. N. C. MOFFATT, Clarksdale, Miss.

The Style 25 Years Ago



This picture was taken 25 years ago, showing modern equipment of that time. Sent through courtesy of W. S. Haskell, Hayward, Cal.



Is Dentistry Infringing on Medicine?

THE June, 1929, issue of *Clinical Medicine and Surgery* presented an editorial of especial interest to dentistry. The same issue also had as a leading article, an appreciation of Truman W. Brophy. In this editorial, "Dentistry at the Crossroad," there is mentioned for the first time, editorially, the fact that the majority of dentists infringe upon the practice of medicine. Some dentists are actually practicing more medicine than dentistry. We must acknowledge that medicine has been very lenient in the matter as contrasted with the wild howl that goes up if a physician happens to lean over a little into the practice of dentistry even though the physician might be a dental graduate as well. However, here is a thought provoking editorial from a different standpoint:

DENTISTRY AT THE CROSSROADS

"Ever since dentistry emerged, years ago, from the class of the skilled trades and took its place as one of the recognized professions, it has been, imperceptibly perhaps, but none the less surely, approaching the crisis which now seems to be confronting it.

"The mouth has been a part of the human body ever since there was such an organism, and physicians have partially recognized its importance in the

general economy from the time when the first man of medicine realized that the appearance of the tongue might be a help in diagnosis. But, for some strange reason, dentists, until rather recently, have gone about their work as if the oral structures were a piece of more or less inanimate machinery, separate and distinct from the rest of a man's physical vehicle.

"Researches carried out within the last decade or two have demonstrated that the mouth is of far greater importance than was imagined half a century ago. Dental foci of infection are now universally accepted as powerful factors in general illness, and we are beginning to recognize that impacted teeth and malocclusion may produce extremely important and far-reaching results. Moreover, the earliest symptoms of a number of serious diseases—pellagra, pernicious anemia, sprue and sometimes syphilis, among others—may present themselves in the mouth.

"Since calcium metabolism has assumed such a definite place in our thought processes, we are beginning to study the shape, size, color and condition of the teeth, as being the most readily observable index of the osseous system in general.

"The results of scientific study are the exclusive property of no

man or group of men, but are available to anyone who has the patience and perseverance to consider and apply them. Medicine has no secrets which the dentist (or any other sincere and thoughtful man, for that matter) may not explore, if he will.

"The dilemma facing dentistry seems to be this: Shall it remain a completely independent and autonomous profession, like optometry and chiropody, or even like law, engineering and theology, building, for itself, the foundation, which is now recognized as indispensable, directly from such basic sciences as anatomy, physiology, histology, bacteriology, etc.; or shall it become (as *oral surgery*) a recognized *specialty in medicine*, like otolaryngology, proctology or gynecology?

"Perhaps the 'autonomists'—who include a number of prominent dentists—had a good case, fifty years or more ago, but it is a bit difficult to see the soundness of their argument today. Do any of them really believe that Brophy would or could have gained the commanding position which he held among them if he had not been a Doctor of Medicine, as well as a dentist?

"The dentists are certainly practicing the healing art (both medicine and surgery) to a very important extent, most of them without the possession of a medical degree, and one wonders, sometimes, how they are able to follow such a course so

easily and smoothly, while others, whom we characterize as 'irregulars'—such as chiropractors and naturopaths—are having, in some quarters at least, such a rough time?

"The condition of the teeth, gums and other oral structures is inseparably bound up with that of the body as a whole, and it is decidedly hard to believe that any man who has not a general medical education can be wholly competent to deal with diseased tissues in the mouth, while we realize that a non-medical oculist might readily do irreparable damage to his patients.

"From the professional and pedagogic standpoints, as well as from considerations of public policy and the general good, the next logical step for dentistry would seem to be to make it a regular specialty in medicine. Not that sound and successful dentists now in practice should be required to stop their work and take a medical degree; but that all *future* dental students be required to take the medical course complete, followed by graduate study in oral hygiene, medicine and surgery, as well as the requisite training in dental restorations.

"It would appear further, that it would be a graceful and diplomatic thing if the dentists would, themselves, urge this evolutionary change of policy; otherwise they may, ere long, find themselves in the embarrassing position of having it forced upon them."

Tempus Fugit



From the second
January issue of
ORAL HYGIENE,
published 18 years
ago, in 1912.

OUR ANNIVERSARY

ORAL HYGIENE is just one year old. This issue inaugurates the second year of its existence. We take a good deal of pride in what we have accomplished, as the magazine met with immediate favor at the hands of those in whose interests we undertook the rather stupendous task of publishing it.

ARTIFICIAL DENTURES

No type of artificial teeth, or plan for constructing and inserting them can claim the distinction of being self-cleansing. In fact, if this feature of false teeth is to be mentioned, it is better to say they are self-defiling, and really require more constant and careful prophylactic measures than many natural sets.

The very best type of brush for full sets and partial plates is what is known as a grass or fiber brush. The above method cleanses the plate in a mechanical way, but does not sterilize it. The best way to accomplish the latter is to allow the set to stand over night in a solution of bicarbonate of soda (common baking soda) a half teaspoonful to a glass of water.—STEELE F. GILMORE, D.D.S., *Indianapolis, Ind.*

CARE OF CHILDREN'S TEETH

That a person may have good teeth, care of the mouth should begin before that person has a single tooth, and upon the knowledge of such principles as I shall enunciate depends successful care of the teeth when they do appear.

The infant's mouth must be kept

in a clean condition from its birth. Its gums, its tongue, in fact its whole oral cavity must be washed just as regularly as it gets its body bath, a good solution for this mouth wash being borax, sugar and water.

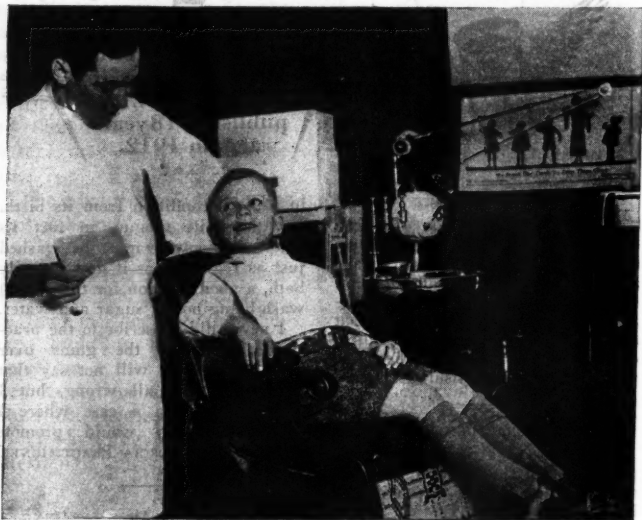
I never did subscribe to the practice of lancing the gums over erupting teeth. I will not say that this practice is all wrong, but I have never seen a case where I thought lancing would promote eruption.—A GEORGIA PRACTITIONER.

ALIMENTARY CANAL SPEAKING

Dr. Wiley says, "Chemicals should not be put into foods. To be sure, man has for generations eaten ham and mustard, and they all the time have been a potent factor in causing autointoxication with its production of loss of resistance, premature old age and low duration of life. I cannot extract strength for you from stuff which ferments, putrefies and makes poisons.

"If you want to further injure me so I cannot serve you well, send down some strong tea and coffee. The tannins in them will pucker my mucous surfaces and stop the flow of juices, and their drug, caffeine, will whip up your nerves and excite your kidneys. And if you once get your nerves on edge and get your kidneys mad, you'll have plenty of pains and miseries. Bright's disease is not nice and neurasthenia makes you a nuisance to others and to yourself."—J. N. HURTY, M.D., *Indianapolis, Ind.*

Making Dentistry Popular



Dr. R. E. McGinnis

The school children of Santa Clara, California, actually clamor for a chance to sit in the dentist's chair.

For the last three years, Dr. R. E. McGinnis has conducted a school clinic one morning each week. Dr. McGinnis with the aid of the school nurse, Miss Lyla Baker, has made oral hygiene and dentistry something to be desired rather than feared.

The children consider it a privilege and actually look forward to the day they can go to the dentist.

Where it is at all economically possible, the children pay 25c for each filling, gum treatment or prophylaxis. Many pupils earn their money selling magazines, picking prunes in the summer, selling newspapers, mowing lawns, raking leaves and doing other odd jobs.

One little girl had been carrying a 25 cent piece around in her shoe for some time waiting for an appointment with the dentist.

After a three-year program, of the 700 children examined, almost one-fourth did not need any fillings or extractions.

With one or two exceptions, every child owns and uses a toothbrush. Those children with dirty teeth are, without exception, either first-graders or have been transferred from the schools of a nearby town.

The Conservation of Our Nation's Teeth*

*By Minnie M. S. Proctor, D.D.S.
Los Angeles, California*

I HAVE chosen for my subject, "The Conservation of Our Nation's Teeth." Concern over the preservation of our forests means that we are concerned over the ruthless destruction of even one tree. Too long have we been concerned with just teeth singly. The masticatory apparatus must be considered as a whole.

Normally it is a little mill comprised of bones with hard white teeth set into them as a wonderful whole. Each tooth is dependent upon its neighbor for support, each tooth normally touches its neighbor at one point. This is called the contact point. Each tooth is actually dependent upon its neighbor for support by means of this small contact point. If a tooth is lost, or even if this proper contact point is lost, and if proper restoration is not immediately made it often means ultimate loss of surrounding teeth and often of the bone itself. This fact is often lost sight of because the process is slow and thus the original cause of the destruction is lost sight of.

Teeth are normally movable. They could not be set in the bone solidly for they could not thus stand the tremendous stress put upon them. They must be movable in the arch.

This wonderful little mill is swung into place and functions by means of muscles of the jaws, cheeks, and lips and muscles of the head. The relationship of teeth and their investing tissues is most important and loss of these surrounding tissues, or any undue pressure on them quite spoils the function of this little mill. What happens to a gear if a tooth or teeth are broken? The same thing happens with teeth. They must not be longer considered singly, but as a whole set, one dependent upon the other.

The question I am most frequently asked usually in a mournful wail, is, "Why do teeth decay?" I do not know. No doubt that problem will be solved, and diet, no doubt, will play an important part, but it will not be solved today—tomorrow perhaps, but not today.

What are we going to do today, you and I, to try to stop ruthless destruction of human

*Read before the State Nurses' Convention, Riverside, Calif.

life? Many are losing even their lives by neglect and wholesale extraction of teeth. I believe "Dentistry can extend human life ten years." Both you and I have seen much dentistry that we believe might *subtract* about ten years of life. However, we must not become too intolerant; we must remember there was a time when the barber "yanked" our teeth. The profession of dentistry has grown, and preventive dentistry is growing rapidly, and will keep us busy to keep abreast of it.

Now what is preventive dentistry? Some say there is no such thing. I do not pretend to know much about it, but I do know by practical experience that if decay cannot be prevented entirely its ravages can be checked. To add ten years to life might not be so desirable, but to make life more bearable and happy, especially for little children, is much to be desired. That is our duty and many years of experience have proved to me that it is possible.

What is necessary for your patient and my patient to know about preventive dentistry?

Let us begin with the pregnant mother. The modern mother who no longer thinks it most interesting that she can eat only pickles or kraut during the period of pregnancy.

What do I think of diet? Well, it reminds me of the story of the man carrying a hat box, who said that he must hurry home with his daughter's hat

else the style might change. But I have observed in both my dispensary work and in private practice that children cared for by intelligent mothers or reputable physicians grow far better teeth than those badly fed. The teeth have better form and are smoother and more free from pits and fissures.

Have you ever thought of what effect the commercial side of this food problem might have? Concentrated white sugar that will keep indefinitely, while prices can be made to soar. Patent, canned and preserved foods of all kinds and cold storage meats are too often used. Maybe if we would learn to live on fresh things in their raw state and prepare them from day to day it might be better for everyone.

I think that, maybe, if we could teach people to be less afraid of foods and eat more different kinds of foods, we might catch a much needed vitamin or two in that way. However, these are but a few old-fashioned ideas of my own.

I give my patients leaflets by the Dental Educational Department of our American Dental Association. The leaflet entitled "How to Grow Strong Teeth" I consider so valuable that I purchased them by the thousand from this department, to give to my patients. It saves talking and much oral instruction can be re-emphasized in this manner. Written directions refresh mother's memory.

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vent destruction of teeth? Teach mothers to go right on cleaning their children's mouths after the teeth have erupted. The pre-school age is the one where most neglect occurs. Tell your mothers to think of teeth and ears as something requiring the same degree of care. Often a mother of a small tot of three or four, boasts that Junior washes his own dear little teeth himself. They look it, too. When asked if Junior washes his own neck and ears, horrified, she replies in the negative. I say that teeth are more difficult to wash properly than ears, and request that Junior be not given his teeth to wash until he can do ears properly.

A tooth brush lesson given by my assistant is part of the service rendered in our offices devoted exclusively to children's dentistry. It is to me the most important work done in the office. A written sheet on daily care of the teeth is also given patients. One should need but one argument for a clean mouth, the value of a clean mouth itself.

Why are baby teeth important? Because they are needed to masticate with. Because they act as natural space retainers to hold space for permanent teeth. Teach that decayed teeth are but small garbage pails. A carious tooth and its investing tissues should either be restored to usefulness or be removed. No half-way measures are to be tolerated. No dentist should be asked to fill but one tooth. The

entire denture should be restored to health.

What do I think of the dentist who says, "Don't trouble about those little decayed teeth. They will fall out soon anyway." I say don't spare that dentist, he is a menace. Employ another. You know what the one decayed apple will do to the basket of apples.

What do I think of reparative dentistry? It is as if you had a beautiful set of Haviland china and tried to mend it. What do I think of removable bridges, partial dentures, etc.? Merely wooden legs, and often they seem as difficult to learn to wear.

What is my idea of modern dentistry? TO TRY TO PREVENT TROUBLE. NO SMALL TASK, I ASSURE YOU. Modern practice of preventive dentistry in the past has been education on proper diet for pregnant mothers; education on preventing incorrect sleeping habits, thumb sucking, and use of pacifiers.

Oral hygiene of the mouth must be practiced systematically. Besides all this, monthly visits to the pedodontist, or children's dentist are often necessary. The dentist should be visited, for examination and cleaning, by all children at least every three months, for deciduous teeth decay so much more rapidly than permanent teeth, once the enamel is broken into.

For eight long years I was engaged exclusively in public

health work in a large city. I saw an endless procession of little children with decayed and abscessed teeth, for most of these kiddies were sent to me only when pain made it imperative. For the past ten years I have cared for more children of the better class. I had hoped to control the ravages of decay and protect pulps by the preventive program outlined here. Has this careful attention proved successful? It has not.

For years I have been almost discouraged and not until a few months ago when a book called "Preventive Dentistry," by Dr. Howard R. Raper, fell into my hands have I felt that I could promise protection to my patients if all directions were obeyed. I feel more optimistic than I have for years.

Caries is a disease of childhood and must be fought during childhood. You women, especially those of you engaged in public health work, are to play an important role in this work, if success is to be obtained. I am quoting from Dr. Raper's message to dentists:

"The prevention of caries is something to strive for, the prevention of toothache something to do. I want you to get the idea of the death process as a moving thing, entering the tooth, going through it and so into the bone and the body.

"It is our duty as dentists to keep this death process out of the body. How? Once it has gone as far as to destroy the pulp, or farther, can we always

stop it *with certainty*; keep it from reaching the vital organs? We cannot, not with certainty. Can we keep it from starting at all by preventing dental caries? Again we cannot. Not today. Maybe tomorrow.

"Can we stop it when it is in the stage of dental caries, before pulp involvement? We can."

"Then, in the name of common sense and for the sake of humanity, why don't we? I believe we shall in the future."

Briefly, what is Dr. Raper's idea? To add to the preventive measures I have already outlined the taking of five-film interproximal examination for the purpose of disclosing cavities between the teeth. The process of decay is slow. The trouble has been that we, just picking and digging about the teeth, have not found these small places until too late to protect pulps. Such x-ray pictures should be made yearly, or bi-yearly, as each case may require.

What about the expense? Let me tell you that modern reparative dentistry is prohibitive in price for most of your patients. They cannot afford aseptic canal fillings, crowns, extraction, physician's bill, etc.

In closing let me again quote Dr. Raper: "To detect cavities and fill them when they are small does something more than limit the decay in the teeth thus treated—it lessens the tendency to decay in other teeth in the

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same mouth. I am enthusiastic over the fact that poor people can afford this new preventive dentistry based on periodic interproximal examinations."

I am in accord with the ideas of Dr. Raper.

As a war measure, Germany long ago put kindergarten dentistry into practice. Do we need it less, to prepare both boys and girls for a bigger and more profitable battle — the battle called Life?

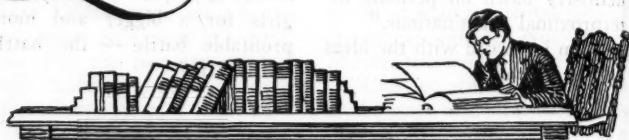
It's Dr. McAfee's Handwriting on the Wall



Dr. S. H. McAfee conducting Shrine Band.

Here is a dentist with a hobby that brings enjoyment not only to himself but to many others. The leader of Shrine Band of Jerusalem Temple, New Orleans, is Dr. S. H. McAfee of that city. Jerusalem Temple has many dentists among its members and needless to say the good-natured leader of their band is a popular Noble. This band broadcasts frequently over the radio and it is possible that you may have heard it. One of its mottoes is "play-
ing only for fun."

Oral Hygiene's LIBRARY TABLE



BOOKS REVIEWED FOR BUSY READERS

Care of the Mouth and Teeth*

By

HARVEY J. BURKHART, D.D.S.

The National Health Council is editing a series of little health books that are simplified for the lay reader. The little volume upon the "Care of the Mouth and Teeth" is well written and interesting. Dr. Burkhardt's long experience as head of the Rochester Dental Dispensary has given him an insight into the proper methods of dental hygiene for children that can hardly be equaled.

The chapter headings are Oral Hygiene, Tooth Care in Infancy and Childhood, Triumphs of Modern Dentistry and Oral Surgery, Pyorrhea and Other Infections, and the Relation of Dirt to the Diseases of the Teeth.

Every person who is interested in the care of the mouth

should own and read this volume. If you make public talks upon mouth hygiene you cannot do without it.—R.P.M.

Dentistry*

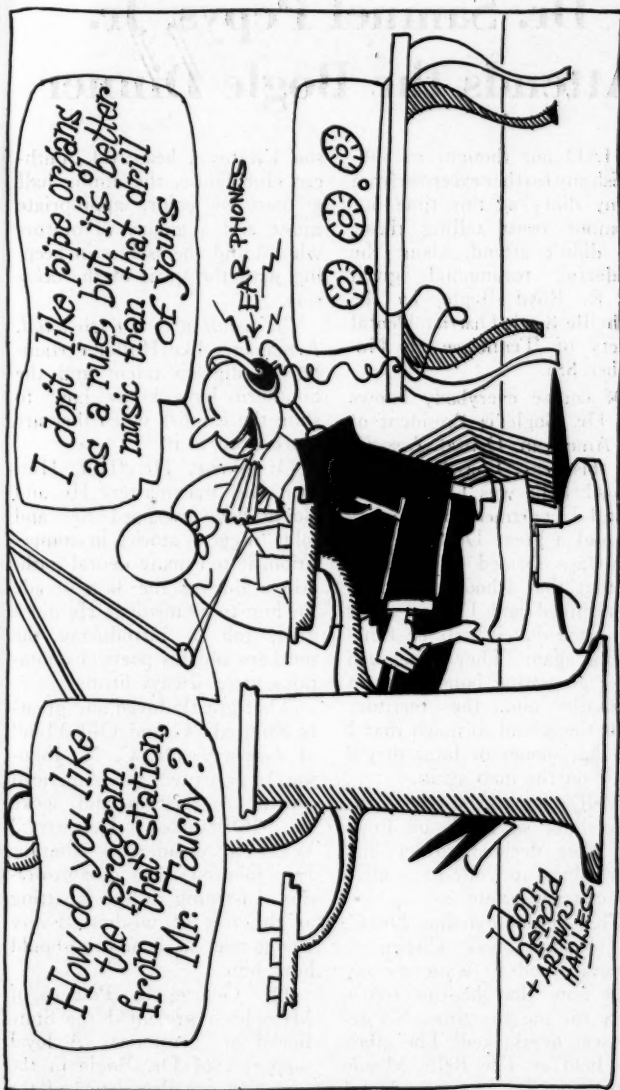
By RODRIGUES OTTOLENGUI,
M.D.S., D.D.S., L.L.D.,
Editor *Items of Interest*

I have just finished a most interesting and readable book by Dr. Ottolengui compiled from the "Around the Table" department of *Items of Interest* for the last fifteen years.

This book not only dispenses information with a free hand but is pleasant to read and not too scientific, in fact there is a lot of stuff on root canals that takes the place of a comedy motif — comedy for everyone except the patient. However, there is a great fund of good common sense in this volume. Information of great value. Don't miss it.—R.P.M.

*The National Health Issues, Funk & Wagnalls Co., publisher.

*Dental Items of Interest Publishing Co., N. Y.



Drawn for ORAL HYGIENE by Don Herold.

Helping them keep their minds off your work.

Dr. Samuel Pepys, Jr.

Attends the Bogle Dinner

I HAD not thought to publish any further excerpts from my diary at this time but I cannot resist telling those, who didn't attend, about the wonderful testimonial given Dr. R. Boyd Bogle, by the Nashville Sixth District Dental Society of Tennessee on November 8th.

Of course everybody knows that Dr. Bogle is President of the American Dental Association this year. I used to know him when he was Dean of the Dental Department of Vanderbilt and a great Dean he was. It always seemed a shame to me that that school had to be discontinued and I'll lay a bet that some day it will be functioning again. They have such a live go-getting bunch over in Nashville and the territory needs the school so much that I feel that sooner or later they'll put it on the map again.

Well, school or no school, the boys think so much of Boyd that they decided to let him know about it while he is alive and can appreciate it.

That human dynamo, Dr. C. W. Hoffer, was Chairman-General, and I want to say right now that he can run a party for me any time. No detail was overlooked. The affair was held at The Belle Meade Country Club; a wonderful setting on the old General Jack-

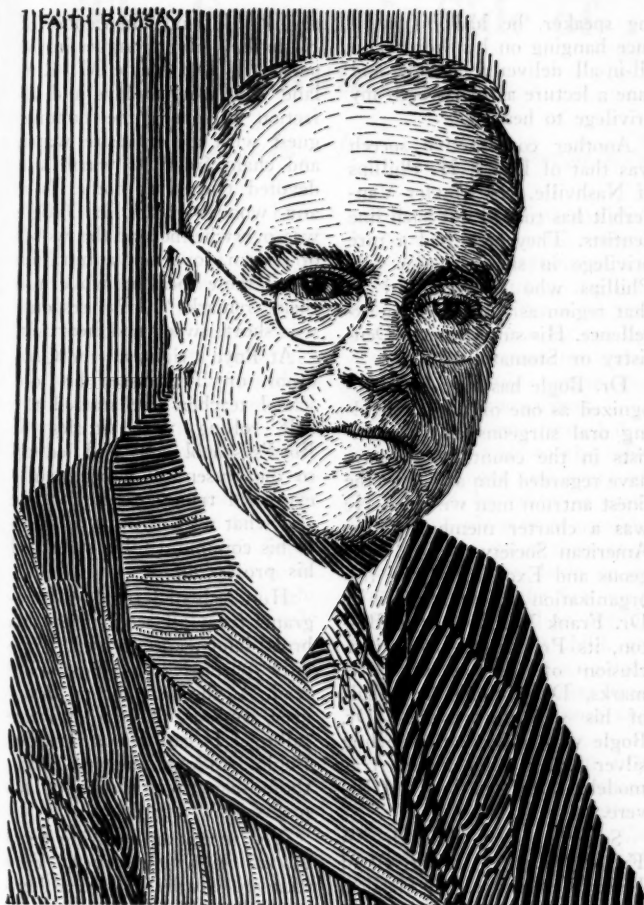
son Estate; a beautiful Southern club house, the dining hall a mass of color, appropriate music and a galaxy of orators who outdid themselves in keeping with the spirit of the occasion.

I'll say it was a testimonial. A manager like Hoffer certainly can dig up talent and the Southern boys know how to sling the English when they are worked up to it.

Of course, Dr. Tom Hinman was toastmaster. He and Bogle have swapped lies and told "nigger" stories in competition at too many dental gatherings during the last decade for him to be missing. He did a great job in introducing the speakers and his poetical quotations were always fitting.

That greatly loved and greatly admired "Grand Old Man" of dentistry, Dr. C. N. Johnson, represented the American Dental Association and spoke on "Organized Dentistry." What a wonderful stimulus Dr. Johnson is to our profession. Listening to him is sitting at the feet of wisdom. Every young man in dentistry should hear him.

Dr. George L. Powers of Memphis represented the State Board of Tennessee. A loyal supporter of Dr. Bogle in the campaign for Presidency of the Association, Dr. Powers made



Dr. R. Boyd Bogle

a fine speech of a constructive character.

One of the big hits of the evening was the address on "Medicine and Dentistry" which was delivered by Dr. W.

A. Bryan, who, I understand, is one of Nashville's leading surgeons. Dr. Bryan has a great conception of the proper inter-relationship of the two professions. A wonderfully entertain-

ing speaker, he had his audience hanging on his words and all-in-all delivered as fine and sane a lecture as it has been my privilege to hear.

Another constructive speech was that of Dr. J. H. Phillips of Nashville. No wonder Vanderbilt has turned out such fine dentists. They have had a rare privilege in sitting under Dr. Phillips who is acclaimed in that region as a teacher par excellence. His subject was "Dentistry or Stomatology?"

Dr. Bogle has long been recognized as one of the outstanding oral surgeons and exodontists in the country. I always have regarded him as one of the finest antrum men we have. He was a charter member of the American Society of Oral Surgeons and Exodontists and this organization was represented by Dr. Frank W. Rounds of Boston, its President. At the conclusion of his laudatory remarks, Dr. Rounds, in behalf of his society, presented Dr. Bogle with a beautiful sterling silver water pitcher and tray modeled after one by Paul Revere.

Speaking from the title "A Friend," Dr. J. J. Cottrell of Knoxville delivered a classical address. What a delicate and appropriate tribute it was!

And then followed Dr. Holmes Mason of Macon, Georgia. William Jennings Bryan in his palmy days had nothing on Dr. Mason. I could listen to that man all night. He told "What the South Thinks

of Boyd," and then one of Nashville's silver tongues in the person of Dr. Neale M. Rutland with tears of love and affection presented the honored guest with an exquisite watch and chain from his warm and devoted friends at home. Is it any wonder that Dr. Bogle was overwhelmed at the words of esteem, love and admiration all of these speakers wove into their remarks? His response was short, sweet and heartfelt.

At Boyd's right sat the Governor of Tennessee, his old school teacher. He started the ball rolling with stories of Boyd's school days and led up to the present in a beautifully expressed tribute to Dr. Bogle and what men of his type mean to his community, his state and his profession.

Hundreds of letters and telegrams from all sections of this broad land were received. Time only permitted a few being read. As the years go on, however, and as the shadows are falling, I can visualize Dr. Bogle reading and rereading those many expressions of his profession's affection.

Yes, it was an inspiring testimonial richly deserved. Few men are worthy of such a demonstration. Many never have it given them though deserved. Some have honors given them long after they are here to appreciate them.

Flowers to the living who deserve them.

That's the moral of this excerpt from my diary.

The Economic Side of Pedodontia

By J. K. Wampler, D. D. S., Pittsburgh, Pa.

ECONOMICS has been applied to practically every phase of dentistry but I do not believe that the handling of the child patient has been given consideration proportionate to its importance in the scheme of dentistry. Perhaps that is one reason so many dentists shun and slight children's dentistry when literally forced to do it in order to remain in the good graces of the adult members of the family.

It is hoped that this paper will present some of the problems of pedodontia in a light that will be helpful not only to the dentist who specializes in children's dentistry but to the general practitioner as well.

While the basic principles of economics are similar in every practice of dentistry, there are many individual characteristics and the methods employed in even the most successful exodontia or prosthodontia practice would be contra-indicated in children's work. The same would, of course, apply in a comparison of pedodontia with other branches of dentistry.

IMPORTANCE OF PSYCHOLOGICAL FACTOR

The importance of the psychological factor in children's dentistry cannot be too strongly

emphasized as the parent must be handled just as discreetly as the child. The keynote to success in pedodontia is the winning of the confidence of your patients and it is only through a deep and sympathetic understanding of child nature that this can be accomplished.

The impressions formed during the first visit to the office are lasting ones and every effort should be taken to make this visit as pleasant as possible.

In all cases, except those of an emergency nature, little or no work is done on the first visit, the time being used in getting acquainted with the child, assuring him that there is no need for fear and in impressing upon the parent the importance and obligations of the work.

When the new patient first enters the office, accompanied by the parent, very little attention is immediately given the child, other than a cordial greeting. The child is first met by the assistant, is shown the playroom and told that he may enjoy himself with the toys. While playthings in reception rooms has been more or less limited to pedodontia offices, it is evident from the children's interest in them that every reception room should have something to interest the little folks

who accompany their parents to the dentist.

EDUCATION OF PARENT

An effort should be made to impress upon the parent the importance of the retention of the deciduous teeth until time for their natural exfoliation. Most parents have at one time or other taken their children to a general practitioner who worked without any general plan in mind and who made only a cursory examination so it is not difficult for the dentist who gives special consideration to impress parents with the fact that their children will receive an unusual service. One of the first things that will win the confidence and interest of the parent is the request for a complete history of the child's health. This information may be gained from a chart similar to the accompanying one which we use in our office.

In many instances the assistant is able to obtain this information in a more diplomatic manner than the dentist. Patients will often confide in the assistant, holding themselves more aloof from the dentist.

The information obtained from this chart enables the dentist to classify the parent and gives him the necessary data to transfer to the working card system. Another bit of useful information gained from this sheet is the date of the child's birthday, which is transferred to another record card and filed under the respective month. The card is so filed that it will

automatically come up the day before the child's birthday. The assistant then mails birthday cards to all those whose names appear on that day.

The sending of birthday cards, while at first it might seem a trivial matter, serves a double purpose and is one of the factors that enter definitely into the success with many patients. The birthday card makes the child happy and increases his interest in the dentist but it also serves as a reminder to the neglectful parents that they should again take their child to the dentist. It is surprising the number of patients who appear shortly after they have received a birthday card.

The business references serve the same purpose on this chart as they would in any practice.

ADMITTANCE OF PATIENT

The next step is for the assistant to invite the parent and child into the operating room where the patient is seated, the chair adjusted and the napkin placed. Up to this time the dentist has not had contact with the patient outside of being informed of his or her given name or nickname.

Upon a signal from the assistant the operator enters the operating room and greets the child with the given name or nickname. The response from the child, who has been spoken to in this intimate manner, is almost magical—as one lad recently remarked to his mother, "Hey, Mom, he knows me."

(Continued next month)

CASE HISTORY

[illegible]



W. LINFORD SMITH
Founder

ORAL HYGIENE

REA PROCTOR McGEE, D.D.S., M.D.,
Editor

Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of ORAL HYGIENE, Pittsburgh, Pennsylvania.

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THE old order changes so quickly that we can hardly recognize an old order any more. We must progress because we are all working and thinking and experimenting: appreciating those things that seem to work and rejecting the processes that are no longer the best. The change in processes is a very different matter from the change in principles. New principles are evolved slowly and old principles are reluctantly relinquished. A process is the application of a principle. One of the old principles that is frequently relinquished is the one that teaches us that we cannot get something for nothing.

Since we cannot get something for nothing, why should we help other people to evade this law of economics? Every time you extend unsecured credit you increase the percentage of those who get by without paying. In every community there is a very considerable number of people who consider themselves entitled to credit whether you desire to do your business upon that plan or not. A few of these people are entitled to credit because they have established their ability to pay and their financial honesty over a long period of time. There is a large element who believe that the whole financial structure is built on "bluff." With this type the payment of bills depends entirely upon the quantity of "easy money" that comes in about the time they receive your bill.

Editorial Comment

Then there are those unfortunates who are no longer in easy circumstances but who feel that they are entitled to the plane of living that they formerly occupied. These intend to pay but cannot. Unfortunately we have another class of chronic dead-beats who intend to get what they want and deliberately plan to avoid payment. It is from this class that most of our malpractice suits come.

There are a lot of hard luck stories in the world; you will hear all of them if you extend much unsecured credit. By these suggestions I am not trying to promote the "hard boiled" attitude, what I really desire to call to your attention is the fact that involuntary charity does not pay either in finance or in sentiment.

When you desire to be charitable pick out a deserving person and give your service freely and willingly with no thought of any return except the personal satisfaction that you will get from the performance of an unselfish act.

1929 will long be remembered as the last great inning of the stock market manipulators. Every form of public gambling in which the individual investor had a chance has been legally outlawed. Only stock jobbing on margins remains to effectively and permanently separate the gambler from his coin. Dentistry is too hard a job to bestow freely upon the credit-seeking public and the money that is collected for dental service is too precious to risk on margins. The moral is—collect your fees, pay your debts and save the surplus. If we can consistently maintain this program throughout 1930 the year will be a happy and prosperous one. Here's to you, may you live long and prosper.

A Generous Judge

The following recommendation relative to medical expert testimony is taken from a statement by Evan A. Evans, Judge of the U. S. Circuit Court of Appeals, printed under the heading, "Recommendations for Reforms in Criminal Procedure," in 24 Ill. Law Review 112, 116 (May) 1929:

The second weakness in our practice deals with the use or abuse of expert witnesses. I am now addressing myself to practice in criminal cases.

The defense of insanity is much abused. It has been so abused that the truly insane suffer thereby. Doctors are permitted to define mental normalcy to suit themselves, and then allowed to express an opinion that the accused is mentally responsible or irresponsible, as the case requires. It may be doubted if we shall ever be able to handle this expert witness evidence in a manner that will be quite satisfactory. But I propose this change applicable to medical testimony in criminal cases for consideration, viz., that in all criminal cases the medical experts testify without pay, and that the penalty for violating such a provision of the statute be a revocation of the doctor's license. I submit that this change is as necessary for the accused man when insane as it is for the public when a guilty defendant seeks to avoid the consequence of his own crime by temporarily accepting confinement in an insane asylum. Is the suggestion unsound or illogical? The state gives the doctor a license and excludes all the rest of the citizens from practicing medicine. This license is the grant of a valuable privilege. The power to license carries with it the power to license conditionally. The state ought to reserve to itself the right to use those upon whom it confers the favor when public interest requires it. After discussing the matter with numerous reputable physicians, I have yet to find a single one who did not favor the plan.—*A. M. A. Bulletin*.

WHY should a lawyer ever be allowed to sit in judgment upon any purely technical case when there are real experts available? Judges are paid to sift testimony and to so regulate the admission of evidence that the interests of all litigants are safeguarded. If the politician on the bench is incapable then a non-political specialist should be called in to try the case. This is particularly true of dental cases as well as of medical cases.

The judge quoted has a very peculiar idea of state licenses; his suggestion is that of the benighted bigot who yet believes in the law as a remnant of the "Divine Right" of kings; that the time, ability and labor of the citizen who has committed no crime is

at the disposal of the court and if the doctor refuses to work for nothing, he is to lose his license, sacrifice his practice, become an unskilled laborer or, if he should tell the honorable court what he thinks of him, a prisoner.

It is a great idea, Judge; may we meet at the operating table.

Viscount de Casa Aguilar

THE great and ancient University of Madrid is building as it has never built before. Added to its classic halls will be the most modern and up-to-date buildings and equipment that the old world has seen. The very famous dentist, Dr. Florestan Aguilar, is now in California on his way to the Spanish-speaking countries south of us, to obtain from each of them a grant for the endowment of a dormitory at the University to be the residence of students from each of the Spanish-speaking Republics who will be welcomed with scholarships by Spain. Through the generosity of a very wealthy Los Angeles physician of Spanish descent, California will have a splendid dormitory at the University of Madrid.

Through the kindness of Dr. Julio Endelman, professor of Pathology at the Dental School of the University of Southern California and editor of *The Pacific Dental Gazette*, I have secured the following list of the principal honors that this most remarkable dentist has received:

Dental and Oral Surgeon to His Majesty, King



Alphonso XIII and the Royal Family of Spain; Viscount de Casa Aguilar; President of the International Dental Federation; Doctor of Science, University of Pennsylvania; Fellow of the American College of Surgeons; Editor of *La Odontologia*, Madrid; formerly Consulting Oral Surgeon to the late Emperor of Austria; formerly Consulting Oral Surgeon to the late King of Bavaria; Secretary of the New Building Committee of the University of Madrid; Dean and Professor of Clinical Dentistry, University of Madrid; Grand Officer of the Legion of Honor of France; received the Miller Prize for 1928, awarded annually by the Federation Internationale Dentaire for the most outstanding accomplishment in dentistry in the world for the preceding year; now upon an educational mission representing the King of Spain, to all Spanish-speaking countries to obtain from each of them either a government or a private grant for the construction at the new University of Madrid of residences for students from those countries pursuing graduate or undergraduate courses at Madrid; Doctor of Dental Surgery, Philadelphia Dental College; Doctor of Medicine, University of Madrid; Order of Merit, Spain; Knight of Alphonso XII; Knight of Alphonso XIII, etc., etc.

Dr. Aguilar founded the Dental School of the University of Madrid and has served continuously as Dean. During the World War, Count Aguilar, as the personal representative of the King of Spain, traveled throughout the warring countries on both sides of the conflict, seeking to bring relief to interned foreigners who had been unable to return to their own countries. After the Russian Revolution Dr. Aguilar distributed in Russia the seven hundred dental outfits that were sent by the American Dental Association to the suffering Russian dentists who had lost everything except their lives. The suffering was so great that both Count and Countess Aguilar gave

away all of their baggage, money and every piece of clothing that they had with them except what they were actually wearing.

Like all really great men Dr. Aguilar is very unassuming, as his friend of long standing, Dr. Endelman, says. He is tremendously interested in dentistry, oral surgery, medicine and in all of those things that will benefit humanity at home and abroad.

The career of this man should be a great encouragement to those young people who are starting their professional careers. Dr. Aguilar has proved that the world has much to offer to the man who has the ability and the determination to finish the job.

Durable News

STALE vegetables, jokes and eggs are rather common but news that has been used so often that it has passed the stale state and has become durable is a little more rare. Next to the story of the missing heirs to a fortune in Spain, there is the story of the Spanish laborer who had such a remarkable toothache that he took his revolver and shot his own tooth out. This was a fine story when it first started at the beginning of the Second Crusade.

Formerly a Prince with a battle-axe bumped his tooth out, then a monk held his aching face in the path of the clapper of a convent bell, then an archer held his bow-string with his feet and did the job with an arrow. Here is the durable old piece of "news" that a certain paper had the gall to print as a modern despatch:

REVOLVER BULLET CURES TOOTHACHE

Santander, Spain, Nov. 16.—Suffering a violent toothache, Vincent Tomas Morales, a laborer of Astillero, got his revolver and shot the tooth off.

Although he wounded his jaw, Morales said he felt better, and the ache had disappeared.

It might also be suggested that laborers in Spain are not allowed to possess fire arms of any description.

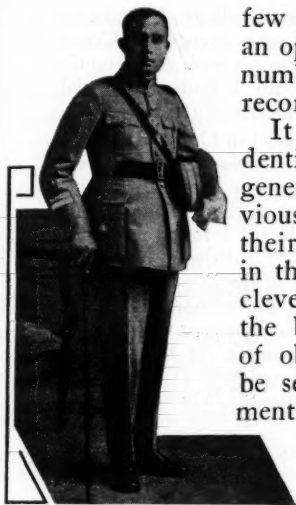
Zeps and A Dentist

WHEN construction is started upon a ship, the keel is laid first but when a Zeppelin is begun, the start seems to be made at the top. A few days ago the greatest lighter than air dirigible in the world was officially undertaken at Akron, Ohio, for the United States Navy. Admiral Moffett drove a golden rivet into the highest spot of what will be the biggest rib. The golden rivet was made by a dentist in his dental laboratory. Who the dentist was history recordeth not. Let us hope he will get a lift on the big balloon anyway. This monster will be 785 feet long and 146 feet in diameter. It is believed that there will be enough room inside to seat both Mrs. Longworth and Mrs. Gann comfortably.

A Dentist-Criminologist

DOWN in Guatemala City, Guatemala, lives Dr. Armando Lopez de Leon, a graduate of the Philadelphia Dental College.

Dr. de Leon has written a very interesting booklet, which should in time be republished as a full-sized text, upon the identification of criminals by their teeth. The recognition of the victims of criminals as well as those who have died unidentified from accident or disease, becomes more important as time goes on. The punishment of many crimes, the settlement of estates, the termination of alimony, the identification of amnesia patients, all depend upon previously obtained records. The dentist is one of the



Armando López de Leon, D.D.S.

few persons in civil life who has an opportunity to possess a large number of legal identification records in his files.

It might be a good idea for dentists to make a note of the general appearance and any obvious marks of identification of their patients. The aid of dentists in the identification of the more clever class of criminals and of the bodies of unknown persons of obvious culture could easily be secured if our law enforcement agencies would pay a proper reward when results are obtained through dental aid. An interesting letter from Dr. de Leon follows:

To the *Editor of ORAL HYGIENE*,
Dr. Rea Proctor McGee,
514 Hollywood Security Bldg.,
Los Angeles, California, U. S. A.

Dear Sir:

It has been a pleasure for me to read in *ORAL HYGIENE*, number of October 1929, the article by Mr. Alfred I. Tooke, "Sherlock Holmes Should Have Been a Dentist." I agree with Mr. Cooke, only I should say that every dentist could be a criminologist.

Owing to the fact that the science of dentistry has, from time to time, contributed to the identification and capture of few criminals by their teeth, I think that every dentist ought to be interested in this side of criminology. Dentistry alone is a good paying profession, but it could pay more if one could be an expert dental criminologist. So far I have known of the medical criminologist, the chemist criminologist, and the bacteriologist criminologist, but never have known of a dentist criminologist, except myself.

I always have been interested in criminology, as it is my

hobby, ever since I graduated from college. For almost ten years I have studied hard the science of Crime Detection and Criminology, but in no book of criminology or legal medicine book, could I find any special method to identify criminals by means of the teeth.

But from the first time that I read in ORAL HYGIENE, number of April 1923, that the Milwaukee police were interested in capturing a Ben Davis or Sam Davis, I began thinking of a method, a real method of identifying all persons by means of the teeth, till I found a method of my own, and wrote my booklet entitled, "La Odontologia Criminal," and which I had the pleasure of introducing, unofficially, to members of international police forces, when I was honored to represent the Policia Nacional De Guatemala, my country, at the International Police Conference which was held at New York City in 1925, through the Honorable Mr. Richard E. Enright.

As I think that ORAL HYGIENE will be interested in knowing my booklet, I have the pleasure of sending you one, hoping that if you find it worthy, you will make it known to the profession, specially now that my Alma-Mater has open a new course in Criminology. I am a graduate of Philadelphia Dental College, Temple University, U. S. A.

At the present time I have a practice of my own in this city, and hold an office as Dental Surgeon with the Policia Nacional De Guatemala, also one as Dentist-Criminologist with the same police force where my method of dental identification for criminals and all persons has been adopted and is giving good results.

With kindest regards I am,

Yours truly,

ARMANDO LOPEZ DE LEON, D.D.S.

Dentist-Criminologist.

9a Ave. Sur No. 96.

Guatemala City, C. A.

Indiana University Announces Dietetic Research

The president and board of trustees of Indiana University announce the establishment of a foundation for nutritional research

at Indiana University School of Dentistry, under the direction of Professor Sherman L. Davis.

For a number of years this department of the university has been making a study of the causes and sources of dental caries, pyorrhea and erosion.

Believing that these problems are all closely associated with nutrition and that such a study will inevitably result in the betterment of the human family, the university has determined upon the foundation as the best means of making these studies, for the following reasons:

First. By the establishment of an advisory council, to be composed of a large number of outstanding men in the dental, medical and allied professions, the foundation will be enabled to secure a wider field for observation and experiment and to profit by the knowledge and advice of those who are working in the same field.

Second. By the establishment of fellowships we will be able to train selected persons for the carrying on of the work.

Third. Through a foundation the facts and findings may be better distributed, both to the professions and to the public.

Fourth. It is to be hoped that the character and importance of the work will attract sufficient attention from those persons of philanthropic inclination, that gifts of money will be offered to carry on this highly important service.

A foundation within the university needs no special set-up or organization. It is within the constitutional powers of the university and will be administered by the constituted officials of the university.

Your Annual Index is Ready

The Annual Index to the 1929 edition of ORAL HYGIENE is now ready for free distribution and may be obtained by writing to the publication office at 1117 Wolfendale Street, Pittsburgh, Pa. This index has been enlarged and made more valuable as a reference work and it should be in the hands of every reader of this magazine.

A. D. A. Convention Date Set

The American Dental Association has announced that the next general session in Denver will be held during the week of July 21st. The Board of Trustees will meet on July 18th and the House of Delegates on the 19th. Detailed information concerning this meeting will appear in this journal regularly in the future.



Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He may print it—but he won't send it back.

Old Lady: "Where did you get all those nickels, sonnie?"

Sonnie: "Down at the church."

Old Lady: "Did you steal them, you naughty boy?"

Sonnie: "Oh, no; the minister said that this money is all for the heathens. Me and pa is atheists, so I took a handful."

George (nervously): "I'd like best in the world, Kitty, to marry you, but I don't know how to propose."

Kitty (promptly and practically): "That's all right, George. You've finished with me; now go to father."

He: "Do you believe kissing is unhealthy?"

She: "I couldn't say. I have never—"

He: "You've never been kissed?"

She: "I have never been unhealthy."

She was visiting a zoo and gathering as much information about the animals as possible in one short afternoon.

Eventually she came to the bears.

"Are these animals carnivorous?" she asked the keeper.

He scratched his head and then smiled brightly.

"They was, ma'am," he answered. "But they're all right since we washed 'em in carbollic."

Teacher was giving a lesson on the idiosyncrasies of March.

"What is it," she asked, "that comes in like a lion and goes out like a lamb?"

"Father," replied the smallest pupil.

Husband: "You accuse me of reckless extravagance. When did I ever make a useless purchase?"

Wife: "Why, there's that fire extinguisher you bought a year ago. We've never used it once."

The teacher was testing the knowledge of the kindergarten class. Slapping a half dollar on the desk, she said sharply, "What is that?"

Instantly a voice from the back row, "Tails!"

Mrs. Newlywed: "The grocer did not have any dog biscuits, but I got something just as good."

Newlywed: "What is it?"

Mrs. Newlywed: "Some animal crackers."

Comedian: "Look 'ere! I objects to goin' on just after the monkey act."

Manager: "Well, perhaps you are right. They might think you were an encore."

A little boy with a terrible toothache went to the dentist to have the bad tooth pulled out. When the painful operation was over he asked the dentist to let him have the tooth.

"What do you want the tooth for?" asked the dentist.

"I am going to take it home, fill it with sugar and watch the darn thing ache."

Little Sally: "Mother, is it true that animals can't go to heaven?"

Mother: "Yes, dear."

Little Sally: "Well, if there are no cats in heaven, where do the angels get strings for their harps?"

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